

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I strongly support the proposed personnel standards for physical therapy services that are provided incident to physician services in the physician's office. Interventions should be represented and reimbursed as physical therapy only when performed by a physical therapist or by a physical therapist assistant under the supervision of a physical therapist. I strongly oppose the use of unqualified personnel to provide services described and billed as physical therapy services.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am writing to strongly support the use of ONLY Physical Therapists in a Doctor's office. The majority of PT's practice with an advanced masters degree as the preferred level of education. By today's standards, it has now become the Doctorate degree that is the preferred entry level into the practice of Physical Therapy. We, are the experts in what we do; no one else.

How can a "medical" doctor who has never had even a single course in physical therapy be allowed to:

- 1a) treat a patient trying to use specialized techniques used only by and under the skill of a physical therapist
- 1b) guide someone else (more often than not a cousin with a high school diploma) in techniques that he (she) does not know how to use himself
- 1c) even guide the course of treatment to a physical therapist when he himself cannot use the specialized skills which are known only by a PT

2) Have the time to supervise treatment of a patient receiving "physical therapy" (term used loosely) treatment when other patients are waiting to be seen by the doctor for medical reasons. Under the billing guidelines for most interventions (CPT codes) used by a physical therapist it requires direct one on one treatment. A doctor can't bill for 30 medical patients a day plus 15 PT treatments per day. The billed time would add up to about 25 hours per day. The last I checked there were only 24 hours per day!

3a) An orthopaedic doctor would never treat a "neuro patient."

3b) MOST STRIKING...an orthopaedic doctor may not even treat an "ortho patient." An orthopaedic doctor that does sports related injuries of the knee would refer a spinal patient to an orthopaedic doctor who only does spines. If it was a neck injury, that orthopaedic doctor who treats low backs would send the patient to an orthopaedic doctor who only does necks. The patient would "finally" be treated.

So how can it even be conceivable that a doctor can monitor and direct the course of physical therapy, treat a patient using specialized skills known only by the physical therapist, and finally bill for physical therapy services, when they will not even treat certain patients within the orthopaedic scope of their own field...medicine? It is a safety hazard and crime to our patients as well as an enormous drain on the limited financial resources of the medical insurance industry.

THERAPY STANDARDS AND REQUIREMENTS

Many years ago, I was required to attend school for 6 years, plus time in internships for an advanced masters degree in Physical Therapy NOT Medicine. I also go to several educational seminars throughout the year to keep myself up to date on the latest developments in the physical therapy profession. The preferred entry level point by today's standards is a Doctorate in Physical Therapy NOT Medicine. The same is true of the Medical program. No where during medical school is there even a single course on how to treat a patient using physical therapy skills and techniques, unless a medical doctor goes to school an extra 4-6 years that I was unaware of. Medical Doctors are just that...'Medical' doctors. They are NOT licensed Physical Therapists or Doctors of Physical Therapy.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I support the proposed revisions. As a doctor that has performed thousands of peer reviews and independent medical examinations it is my experience that that the "physical therapy" performed "incident to" is almost always by unqualified personnel and the quality of care is substandard. The utilization rates far exceed those of physical therapy performed by a physical therapist. The vast majority of cases of probable fraud and abuse in my experience occur in the "incident to" settings. Medicare beneficiaries would be well served by the promulgation of the proposed revisions.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Several years ago, I visited a family physician in Idaho Falls, ID, for personal health reasons. When we were done, he asked, "You're a physical therapist, aren't you?" I responded affirmatively. He showed me his therapeutic ultrasound machine and asked if he could ask a question about it. Thinking we were going to discuss parameters, therapeutic indications, or contraindications, I said I would love to answer his question. His question was, how to use it. He had no idea how to use the therapeutic ultrasound! He had no idea what the indications were, contraindications, or parameters to use. He wanted my 2-minute answer to cover what I took years of training to learn! Physicians are highly trained professionals, but they are only highly trained in their field of training. They receive very little to no training in physical therapy, and their office personnel receive even less training in physical therapy. I feel strongly that we should support all efforts to restrict physical therapy practice to trained, licensed personnel. Thank you.

Submitter : Mrs. Karen Lucero Date & Time: 08/13/2004 12:08:20

Organization : RCI, Inc.

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I strongly support the use of only qualified physical therapists or physical therapy assistants supervised by a physical therapist in physicians offices. These are the only professionals prepared to provide physical therapy as it is defined in state licensure acts. Billing for anyone else providing any similar service cannot be defined as physical therapy and should not be billed as such. The practice of physical therapy requires extensive educational background and cannot be supervised solely by a physician. A physician depends on the knowledge base of a physical therapist to evaluate and plan treatment for neuromuscular and skeletal disorders.

Submitter : Mrs. Asha Bajaj Date & Time: 08/13/2004 12:08:07

Organization : APTA

Category : Physical Therapist

Issue Areas/Comments

GENERAL

GENERAL

The consumer is entitled to getting the level of care that is purported to be delivered by the appropriate personell. This requires the implicit covenant made with the patient that the service being billed is truly being delivered by the professional most qualified to perform it. I would also recommend a sliding scale for reimbursement if the service e.g of delivering an ultrasound is provided in a doctor's office via a minimally trained assistant vs a fully qualified PTA.By denoting an Alpha numeric code after the CPT code,this would be easily verifiable. Not only would this provide a disincentive for abuse, it would also ensure that the patient is getting the full level of professional care he deserves.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I feel MD's should be prohibited from allowing unskilled labor provide "supposed Physical Therapy services" to patients in their clinics. This violates the premise "Truth in Advertising", as the patient is usually unaware that they are being treated by an unskilled person. It allows the physician to misuse the bond of trust established between them and their patients. When patients do realize the truth and they are outraged that they are being denied the best services available - they do not confront their physicians for fear of being ostracized by them. Patients deserve to know the truth about the services they receive, who is providing them; they deserve the right to choose w/o fear of abandonment by their physician.

To allow an MD to discount the years of training required for physical therapy by assuming that any unskilled laborer can duplicate these skills merely by being receiving orders from a physician and working side by side w/ him is ludicrous. On that assumption, one could argue that anyone (the janitor for instance) could assist a surgeon in the OR when a surgical nurse is unavailable, as long as the physician is by their side to issue orders.

Certainly, this is not possible not w/ any expected relative degree of success or honesty.

Medicare would be perpetuating a falsity upon the public by allowing this practice of unskilled labor dispensing therapy in an MD's office under the guise of his/her supervision for the mere purpose of financial gain on their part.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

As a certified athletic trainer I am greatly concerned by this proposal. We are on par with professions such as physical therapy and physician's assistant. Passing this act would greatly compromise our ability to function as professionals.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Regarding Medicare Reimbursement for physical therapy services incidental to physician office visit; as privately practicing physical therapist with 23 years experience, I strongly recommend that medicare recipients be protected in their right to receive physical therapy only from qualified professionals, physical therapists or PT assistants under the supervision of a physical therapist.

Does a busy doctor really supervise PT provided in his office?

If a physical therapist uses unqualified personel to provide services and bills medicare, he can be charged with medicare fraud, However, this same unqualified aide can provide services in a doctors office under questionable (at best) supervision and Medicare pays for this?

As a PT, I must maintain line of sight supervision of all care provided by a PT assistant. How will a doctor maintain this level of supervision of lesser qualified personnel?

Consider the possibility of a family member requiring PT, perhaps your mother following a fractured wrist. Do you want services provided by a PT that graduated from an accredited PT program and passed a state licensing exam, or do you want your mother treated by an aide potentially with no training and no qualifications other than the doctor being in the same building?

Please review the stringent requirements to become a physical therapist and provide the PT profession with the respect it deserves. Physical Therapists are the only professionals qualified to provide physical therapy.

Henry Hershey, PT

Submitter :

Date & Time:

08/13/2004 02:08:37

Organization :

Category :

Physical Therapist

Issue Areas/Comments**Issues 20-29**

THERAPY - INCIDENT TO

I am a physical therapist with twenty four years of experience following my graduation from an accredited physical therapy program. I am writing to express my support for the proposed rule which would require physical therapy services in a physician's office incident to a physician's professional services to be provided by personnel who are graduates of accredited physical therapist or physical therapist assistant programs. Physical therapists and physical therapist assistants undergo years of training in basic sciences and clinical applications of physical therapy across all aspects of medical conditions. In addition, these accredited physical therapy professionals must complete lengthy supervised clinical internships to provide assurance that these concepts will be utilized in a safe and effective manner. If physical therapy services are allowed to be provided by less qualified personnel, public safety is compromised.

It is common in my geographic region for physicians to employ personnel such as athletic trainers or personal fitness trainers to provide services which are billed as physical therapy, though the patient has never been evaluated by a physical therapist to establish a sound plan of care, and the services provided have been done without ever interacting with a physical therapist. Athletic trainers are valuable professionals, but their training is clearly geared toward care and prevention of athletic injury. Physical therapists and physical therapist assistants have more diverse training in the application of physical therapy for much broader populations including neurologically involved children, amputees, cardiovascular and pulmonary conditions, joint replacements, and a multitude of other medical conditions which impair movement and function. I offer as an example a recent patient I encountered who wasted considerable time and resources (billed to Medicare) for non-specific exercises at a physician's office under the direction of a "personal trainer" trying to overcome a progressive capsular restriction (adhesive capsulitis) of her shoulder for three months. When she finally had the opportunity to begin a physical therapist designed plan of care specifically tailored to her needs, she made steady progress and she has now recovered her shoulder function. If this episode occurred after the therapy cap is reinstated in January 2006, this patient would have exhausted her physical therapy benefit without having ever obtaining services from a physical therapist or physical therapist assistant!

Thank you for the opportunity to comment on this proposed rule.

Submitter : Mrs. Maryann Russo Date & Time: 08/13/2004 02:08:46

Organization : Mrs. Maryann Russo

Category : Physical Therapist

Issue Areas/Comments

GENERAL

GENERAL

Referring to CMS-1429-P

Issues 20-29

THERAPY - INCIDENT TO

I am a licensed Physical Therapist and own a private practice for the provision of Physical Therapy services upon referral at the present time of a Physician, Physician's Assistant, Podiatrist or Nurse Practitioner. It is my opinion that Physical Therapy procedures should only be performed by licensed Physical Therapists and not by unlicensed personnel employed by Physicians in their offices. In my own experience, I have had at least two occasions where a doctor's office called me to ask what they could do since a patient who received an Ultrasound treatment from an unlicensed person following doctor's orders, had been burned by the procedure. This kind of burn is painful and internal and cannot easily be relieved. A licensed Physical Therapist would have known the correct technique to perform the treatment. Also, you have practice acts to define the activities of professionals. You should not allow unlicensed people to perform activities that are covered under licensed professionals scope of activities. In a Doctor's office, these activities should not be done, nor reimbursed. Thank you.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY STANDARDS AND REQUIREMENTS

Dear CMS,

The proposed rule requiring that PT services, even if performed in a physician's office, be provided only by those trained and licensed as a Physical Therapist is long overdue. Physical Therapy is a highly specialized branch of the health care professions. Quality and safety of care requires that services billed or advertised as Physical Therapy actually be provided by a Physical Therapist. Fraudulent practices continue to exist whereby untrained laypeople employed by unscrupulous physician offices are allowed to rip-off unsuspecting patients by proclaiming that they are able to supply PT services. This is nothing more than a scam to take money from the health care consumer. Such "services" typically consist of nothing more than the application of heating pads or the handing out of rudimentary exercise pamphlets. The patient is left with inadequate care for a problem that may well have been treated properly had they been able to access appropriate PT. To add insult to injury, the services are typically overutilized, poorly supervised, and excessively billed. Thank you CMS, for taking steps to close down this shameful practice.
Ernest Roy PT, CSCS

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I demand that PT services only be reimbursed when provided by a Physical Therapist---not any other professional and not Physical Therapy assistants. Without this requirement there will be too many abuses of the CMS system and the PT profession. CMS costs for care will increase, and the quality of the patient care setrvices will deteriorate.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

We all need a certain set standard to parctice by. I know you would feel better if your mother we treated by a "qualified Physical Therapist." We must pass this requirement!

Semper Fi

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Incident to physician services should only be performed by licensed physical therapists. It has been known in the therapy community that physicians have been over utilizing PT services for years. Ensuring patients are seen by licensed PT's ensures that care is appropriate within it's medical necessity.

THERAPY STANDARDS AND REQUIREMENTS

Graduate of a physical therapy program accredited by the American Physical Therapy Assocation. Licensed in the state in which care is being provided.

Submitter : Date & Time:
Organization :
Category :

Issue Areas/Comments**Issues 20-29**

THERAPY - INCIDENT TO

Dear Dr. McClellan, I am a practicing Physical Therapist managing the Rehab & Sports Medicine Dept of an urban hospital in Florida. I would like to comment on the August 5 proposed rule on Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005. I strongly support CMS's proposed requirement that physical therapists working in physicians offices be graduates of accredited professional physical therapist programs. Physical Therapists and Physical Therapist Assistants are the only practitioners who have the education and training to furnish physical therapy services. Unqualified personnel should NOT be providing physical therapy services. I have witnessed the latter personally. Several years ago I was asked by a physician I used to work with at a previous hospital if I would be interested in working in his office a couple of afternoons a week to provide physical therapy services to some of his patients. I agreed to give it a try as an opportunity to make a little extra income. When I arrived my first day, to my surprise, this particular physician had a therapy dept already in place. They were treating several patients per day. They were providing a service that was limited to offering a handful of 'feel good' modalities and nothing else. This was because he was operating a service he called 'physical therapy' with two individuals who had no formal education beyond high school. Physical therapists are professionally educated at the college or university level in programs accredited by the Commission on Accreditation of Physical Therapy, an independent agency recognized by the U.S. Department of Education. As of January 2002, the minimum educational requirement to become a physical therapist is a post-baccalaureate degree from an accredited education program. All programs offer at least a master's degree, and the majority will offer the doctor of physical therapy (DPT) degree by 2005. The physicians office I previously described had already been providing this so called physical therapy service for a few years at the time I first considered working for him. Needless to say I walked out of the office and never returned. I would not be a part of a fraudulent service such as that. It is offensive and degrading to see operations such as the one I described. It gives our profession no credibility to consumers when physicians are allowed to offer our service to be carried out by unqualified individuals who will in no way be able to evaluate a patients musculoskeletal condition and deliver appropriate treatment to produce desirable outcomes. I think part of the problem comes from nomenclature. Many people think of Physical Therapy as very non-specific. I had a physician tell me once that he did some 'physical therapy' (he referring to having provided it not received it) while in college. The term was used very loosely as though any Tom, Dick, or Harry off the street could provide the service. In order for us to protect our profession and credibility, we need to have support for the proposed rule above. Thank you sincerely for your consideration of my comments.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am a registered physical therapist practicing in Cookeville, TN. I am in private practice. I strongly support CMS's proposed requirement that physical therapists working in physicians' offices be graduates of accredited professional physical therapy programs. This would provide a consistent standard of provider qualifications and help to ensure quality care to CMS's clients. Unqualified personnel should NOT be providing physical therapy services. We and our physical therapist assistants are professionally educated by accredited programs. Physical therapists and physical therapist assistants must be licensed in the states in which we practice. We are fully accountable for our professional actions. To have other individuals administering physical therapy in physician offices could lead to not only overutilization of services, but possibly harmful care.

Thank you for allowing me to comment.

Sincerely,

Fred Bowen, PT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I fully support the new standards for those providing therapy services. I believe the same standards must apply in every setting in order to protect the public and assure them of safe and appropriate care at all times. Unlicensed, and possibly, untrained personnel providing treatment exposes the public to undue risk and possible harm.
Thank you.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Re: Therapy - Incident To:

I would like to take this moment to express my concerns regarding the current proposal to limit providers of "incident to" services in the physicians offices and clinics. If this measure passes, it would severely limit access to qualified health care providers to provide these services. This reduction in the number of clinicians would ultimately increase costs associated with and increase patient wait times in regards to treatments.

Specifically, Certified Athletic Trainers hold degrees similar to and equal to other health care providers that would not be affected by this regulation. Looking at Professional Sports, Athletic Trainers are the primary source of rehabilitation and therapy for these elite, world-class athletes. It does not make sense that our Medicare patients be denied the same level of expertise that our athletes get.

Also I do not believe that there is anything wrong with how the therapy and rehabilitation system is working at this time. If this proposal is to continue, it could be seen as an attempt by CMS to seek exclusive rights to therapy providers at the behest of that specific health care provider.

Finally, in the area that I currently work, if CMS were to limit the providers that Medicare patients can see, such rural area would be severely limited to access to rehabilitation providers that it would be prohibitive for such patients to travel to more populated areas for their treatments. Such delays would hinder recovery and treatment, thereby increasing the recovery time and number of treatments, and subsequently increase the number of sessions required to heal and increase the cost to CMS and Medicare - which we all know we cannot afford at this time.

I would like to thank you for your time and consideration.

Dave Richardson, ATC/LAT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I live in rural, northwest Iowa, and am the director of rehab services in our non-profit, local hospital. We have 6 great physical therapists who hold the highest professional standards and practice with evidenced approach and compassion. The local orthopedic surgeons have hired their own physical therapist, as well as 4 Athletic Trainers. Patients standard of care is affected when seeing the ATC even if they are "directly supervised" by the physician. This doesn't happen, and their training doesn't put them in the category to treat multiple diagnosis. Two fold--our local hospital outpatient census has decreased and the talk of laying off one of our therapists is real. This is not physical therapy!!!! This should not be allowed.
Ann

Submitter : Mrs. Date & Time: 08/13/2004 01:08:42

Organization : Mrs.

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

OTHER - INCIDENT TO

I would like to show my support for the proposed rule on "Revisions to Payment Policies Under the Physician Fee Schedule for 2005". I feel that CMS should establish requirements for individuals who furnish OP physical therapy services in a physician's office. Individuals providing physical therapy "incident to" a physician should be graduates of an accredited professional physical therapist program. I have seen abuses where physicians use clerical staff and other unqualified staff to try to perform physical therapy. This is not fair to the patient. They deserve to have someone with specific physical therapy education to provide their therapy. Physical therapists have a minimum of a bachelors degree. Now all physical therapy programs are either masters level programs or more recently most have changed to a doctor of physical therapy. Providing so-called "physical therapy" using unqualified staff results in poor outcomes. Section 1862(a)(20) of the Social Security Act clearly requires that in order for a physician to bill "incident to" for physical therapy, those services must meet the same requirements for outpatient therapy services in all settings. Thus, the services must be performed by individuals who are graduates of accredited professional physical therapist education programs. Thank you so much for taking into consideration my thoughts on this issue.

Submitter : Mrs. Roseann Doney Date & Time: 08/13/2004 02:08:02

Organization : NATA

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Please see attached file regarding "incident to."

August 11, 2004

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Therapy – Incident To

Dear Sir/Madam:

I am writing to you in regards to the proposal that would limit the “incident to” services to physical and occupational therapists only. If passed this proposal would limit the access of Medicare patients to qualified athletic trainers.

I am a certified athletic trainer working in an outpatient physical therapy clinic in Michigan. I have over 12 years of experience as a clinician. I have treated patients from age 5 to 95 years old. The changes that your department is trying to implement will directly affect my ability to treat the aging population. People in this population may want to return to doing household chores, playing sports such as tennis or golf, or a swimming or walking routine. Athletic trainers are trained in returning people to their previous level of function. Whether that be washing dishes or swinging a golf club. To allow only physical and occupational therapist the right to treat the aging population would be to deny them access to our expertise. Many of these people were once athletes and are not looking to live a sedentary lifestyle. Our curriculum includes courses in kinesiology, human anatomy, therapeutic exercise and modality use, human physiology, and nutrition. The National Athletic Trainer’s Association also requires continuing education courses for its certified members. This allows us to keep up on the latest and greatest techniques in the outpatient therapy setting.

In conclusion, I ask that you consider all of the consequences of this proposal before you proceed. Physicians have the best interest of all their patients in mind. If they feel athletic trainers will give their patients excellent care, then why should there be any questions as to our qualification.

Sincerely,

Roseann Doney ATC

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am a physical therapist in private practice for the last 11 years. I own a private outpatient physical therapy practice in a small town in Northwest Washington State.

I am writing to express strong support for CMS' proposed requirement that physical therapists working in physician's offices be graduates of accredited professional physical therapist programs. There is undeniable value in licensure as a standard, even though current law prevents the agency from requiring licensure, it would be the most appropriate standard to achieve its objective.

Physical therapists who have professional degrees (or physical therapist assistants under their supervision) are the only practitioners who have the education and training to furnish physical therapy services. Unqualified personnel should NOT be providing physical therapy services.

Physical therapists are professionally educated at the college or university level in programs accredited by the Commission on Accreditation of Physical Therapy, an independent agency recognized by the US Dept. of Education. As of January 2002, the minimum educational requirement to become a physical therapist is a post-baccalaureate degree from an accredited education program. All programs offer at least a master's degree, and the majority of will offer doctor of physical therapy (DPT) by 2005.

Physical Therapists must be licensed in the states where they practice. As a licensed health care provider in every jurisdiction in which they practice, physical therapists are fully accountable to their professional actions.

Physical therapists receive significant training in anatomy, physiology, have a broad understanding of the body and its functions, and have completed comprehensive patient care experience. This background and training enables physical therapists to obtain positive outcomes for individuals with disabilities and other conditions needing rehabilitation. This education and training is particularly important when treating Medicare beneficiaries.

The delivery of so-called 'physical therapy services' by unqualified personnel is harmful to the patient.

A financial limitation on the provision for physical therapy services (referred to as the therapy cap) is scheduled to become effective January 1, 2006. Under the current Medicare policy, a patient could receive his/her cap on therapy without ever receiving services from a physical therapist. This will negatively impact patient's outcomes.

Section 1826(a)(20) of the Social Security Act clearly requires that in order for a physician to bill 'incident to' for physical therapy services, those services must meet the same requirements for outpatient services in all settings. Thus, the services must be performed by individuals who are graduates of accredited professional physical therapist education programs.

Thank you for your consideration of these comments.

Sincerely,

Alan R. Finston, PT OCS
Whatcom Physical Therapy
Blaine, WA

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I am writing to comment on the August 5 proposed rule on "revisions to payment policies under the physician fee schedule calendar year 2005". CMS proposes that qualifications of individuals providing physical therapy services "incident to" a physician should meet personnel qualifications for pt in 42 CFR 484.4, with the exception of licensure. I commend CMS for their proposal. I cannot tell you how many times I have heard patients with diabetes, and other chronic illness have worked with athletic trainers for their conditions. Athletic trainers should stick to the playing field and the treatment of athletes. They have no training in dealing with older adults with strokes, kidney failure, osteoporosis, etc. Thanks for finally taking note that delivery of PT by those unqualified is a danger to the public.
Corrie Mancinelli, PT, PhD

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I support establishing requirements that individuals providing outpatient physical therapy in physicians' offices meet the personnel qualifications for physical therapy as outlined in 42 CFR 484.4 with the exception of licensure. As an educator in a doctor of physical therapy degree program, I am aware of the knowledge base that is required to correctly apply appropriate treatment interventions and believe consumers have a right to receive care from educated physical therapists and physical therapist assistants.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I would like to add my support for CMS-1429-P. It makes sense, if CMS is going to pay for a skilled professional performing a service to the patient, a trained and licensed professional should be performing the task.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

OTHER - INCIDENT TO

I am in support of the addition of standards for personnel supplying physical therapy services in physician offices, however feel that these standards are not stringent enough. As a PT for 20 years I have seen the effects of the Balanced Budget Amendment on the health care system, as well as the effects of physician ownership of physical therapy services. In working at a number of physical therapist owned practices I have seen the challenges these practices face in trying to maintain a practice which is contingent upon physician control of the referral.

As reimbursement for health care services has declined, a number of physicians in this area have decided to open PT practices within their offices. One newspaper advertisement read - "Rehab Therapist - Busy doctor's office seeking individual to assist in on-site rehabilitation focusing on spine and extremities. Knowledge of exercise, sports rehab & orthopedics. Must be able to work independently. License not necessary." This sounds like physical therapy, however this physician group was not looking for any specific educational standard in the individual they sought to hire. There are many individuals who consider themselves "knowledgable" in exercise and rehab due to their own individual experiences with an injury, however this is not who should be providing PT services in a physician's office with very little oversight ("must be able to work independently"). If that physician's office were to refer out to a PT owned office, by law and regulation those services would be provided by a licensed physical therapist, who by virtue of that license would have graduated from an accredited PT program, or it's equivalent. Unfortunately the patient receiving PT services rarely has the information to make an informed choice about the competence of their provider, they trust in their physician's judgement, assuming that it is in their best interest.

The proposed standard would be a start towards ensuring that the level of care which a patient would receive in a physician owned PT practice would be similar to that which would be required if the physician were to refer the patient to any other PT facility. A more logical choice would be to tie the requirement to licensure as opposed to education. The licensing boards of the 50 individual states are set up to monitor the educational qualifications of individuals seeking to call themselves "Physical Therapists", as well as to protect the public from those individuals who may have the educational qualifications, however have other moral, ethical or legal issues which should exclude them from practice. The proposed regulatory changes, tied only to education, will allow those individuals who have had their license suspended or revoked by a state licensing board to seek employment in physician owned practices in the "incident to" capacity! There is an individual in my area with a license suspension for improper sexual contact with a patient, however this individual has graduated from an accredited PT program, and therefore would meet the proposed personnel standard for "incident to" PT services.

Medicare should at least require that the personnel providing PT services in physician offices meet the same standards that all other PT services provide, and should utilize the safeguards currently provided in every state to protect the public. Only licensed physical therapists should be providing physical therapy services in any setting.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see attachment.



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES
OFFICE OF STRATEGIC OPERATIONS & REGULATORY AFFAIRS**

Please note: The attachment cited in this document is not included for one of the following reasons:

1. Improper format.
2. The submitter did not follow through when attaching the document.
3. The submitter had intended to attach more than one, but not all attachments were received.
4. The type of document provided was a password-protected file. CMS was given read-only access to the document.

We cannot provide this electronic attachment to you at this time, but you would like to view any of those that are not posted on this web site, you may call CMS and schedule an appointment at **1-800-743-3951**. Those comments along with its attachment(s), that could not be posted, will be available for your viewing at that time.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

The wording of this provision recognizes that physical therapy is a vital and worthwhile service that should not be trivialized by allowing non-trained or non-credentialed personnel to perform such just because it happens in a physician's office. Making physicians more accountable to the care of their clients by providing real physical therapy services will be for many Drs. a crossroad in deciding just which profit center to keep and which one to abandon.

Submitter : Mrs. Michelle Sonnenberg Date & Time: 08/13/2004 02:08:58

Organization : MeritCare Sports Medicine

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See attachment.

Via Electronic Mail -- <http://www.cms.hhs.gov/regulations/ecomments>

Michelle Sonnenberg
MeritCare Sports Medicine
2400 32nd Avenue South
Fargo, ND 58103

August 10, 2004

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Therapy – Incident To

Dear Sir/Madam:

I am writing to express my concern over the recent proposal that would limit providers of “incident to” services in physician offices and clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. In turn, it would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service and place an undue burden on the health care system.

Please consider the following:

- “Incident to” has, since the inception of the Medicare program in 1965, been utilized by physicians to allow others, under the direct supervision of the physician, to provide services as an adjunct to the physician’s professional services. A physician has the right to delegate the care of his or her patients to trained individuals (including certified athletic trainers) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician’s choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient.
- There have never been any limitations or restrictions placed upon the physician in terms of who he or she can utilize to provide ANY “incident to” service. Because the physician accepts legal responsibility for the individual under his or her supervision, Medicare and private payers have always relied upon the professional judgment of the physician to be able to determine who is or is not qualified to provide a particular service. ***It is imperative that physicians continue to make decisions in the best interests of the patients.***
- In many cases, the change to “incident to” services reimbursement would render the

physician unable to provide his or her patients with comprehensive, quickly accessible health care. The patient would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient.

- Athletic trainers are highly educated. ALL certified or licensed athletic trainers ***must have a bachelor's or master's degree*** from an accredited college or university. Foundation courses include: human physiology, human anatomy, kinesiology/biomechanics, nutrition, acute care of injury and illness, statistics and research design, and exercise physiology. Seventy (70) percent of all athletic trainers have a master's degree or higher. This great majority of practitioners who hold advanced degrees are comparable to other health care professionals, including physical therapists, occupational therapists, registered nurses, speech therapists and many other mid-level health care practitioners. Academic programs are accredited through an independent process by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) via the Joint Review Committee on educational programs in Athletic Training (JRC-AT).

- To allow *only* physical therapists, occupational therapists, and speech and language pathologists to provide “incident to” outpatient therapy services would improperly provide these groups exclusive rights to Medicare reimbursement. To mandate that only these practitioners may provide “incident to” outpatient therapy in physicians’ offices would improperly remove the states’ right to license and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services.

- CMS does not have the statutory authority to restrict who can and cannot provide services “incident to” a physician office visit. ***In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of therapy services.***

- Independent research has demonstrated that the quality of services provided by certified athletic trainers is equal to the quality of services provided by physical therapists.

In summary, it is not necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent.

Sincerely,

Michelle Sonnenberg

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

'Therapy-Incident To'

As a Physical Therapist for 31 years I wish to comment on the Aug 5, 2004 proposed rule of 'Revisions to Payment Policies Under the Physician Fee Schedule Calendar Year 2005.' I very much agree with CMS proposed rule to establish requirements for individuals who furnish Outpatient Physical Therapy services in physician offices.

Any one providing Physical Therapy services should be licensed as a PT or PTA in the state the service is provided. Our education is specific and thorough to the service that we provide and unqualified personnel should NOT be providing Physical Therapy services. By 2005 all Physical Therapy programs will offer at least a master's degree and the majority will offer the doctor of physical therapy (DPT) degree.

As a physical therapist we have received significant training in anatomy and physiology, have a broad understanding of the body and its functions and have completed comprehensive patient care experiences.

I am proud of my profession of Physical Therapy. I provide each and everyone of my patients, and their families, the best possible care that I can. This is possible due to my excellent education, my experience and my continuing education to maintain the highest standard of care to my patients. I believe that patients and families deserve a licensed Physical Therapist or Licensed Physical Therapist Assistant treating them when a physician orders 'Physical Therapy'.

Thank you very much for your consideration of my comments.

Sincerely,

Linda Haar PT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

see attachment

Via Electronic Mail -- <http://www.cms.hhs.gov/regulations/ecomments>

Kelly M. Hadland
MeritCare Sports Medicine
2400 32nd Avenue South
Fargo, ND 58103

August 10, 2004

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Therapy – Incident To

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Please consider the following:

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- There have never been any limitations or restrictions placed upon the physician in terms of who he or she can utilize to provide ANY “incident to” service. Because the physician accepts legal responsibility for the individual under his or her supervision, Medicare and private payers have always relied upon the professional judgment of the physician to be able to determine who is or is not qualified to provide a particular service. ***It is imperative that physicians continue to make decisions in the best interests of the patients.***
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- CMS does not have the statutory authority to restrict who can and cannot provide services “incident to” a physician office visit. ***In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of therapy services.***

- Independent research has demonstrated that the quality of services provided by certified athletic trainers is equal to the quality of services provided by physical therapists.

In summary, it is not necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent.

Sincerely,

Kelly M. Hadland

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Although it is in the population's best interest for a Physical Therapist to practice in his own practice setting or for a hospital based program, sometimes it MIGHT be ethical and appropriate for a Physical Therapist to work directly for a physician group. With that said, it would NEVER be ethical or appropriate for any other person that is not trained and shown competent/safe to administer Physical Therapy treatments and have them billed under 'incident to'. Physical Therapists that have graduated from an accredited school of Physical Therapy and have passed the licensing exam are the only professionals qualified to deliver Physical Therapy treatments. To say that anyone else in the office can provide PT under the supervision and incident to the physician would be like saying that any Operating Room personnel could safely and competently perform and bill for a rotator cuff repair while the surgeon is down the hall doing something else, or for that matter even standing in the same room. Just because something occurs in a physician office by anyone other than the physician does not mean that that something qualifies as skilled/safe/appropriate healthcare of any kind including Physical Therapy.

I would be happy to discuss this topic with anyone in person. I can be reached at 541-956-6226.

Thank you,

Joe Kennedy, PT
Physical Therapist
Member of the American Physical Therapy Association
Member of the Oregon Physical Therapy Association
1997 Master's of Physical Therapy from University of Nebraska Med Cntr
Licensed Physical Therapist state of Oregon, as well as Washington

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I think it is the worst form of bureaucracy when a government agency is influenced by a lobbying special interest group. This is beyond reproach. In this case, CMS is completely reversing it's position with regards to physical therapy services. On one hand, CMS tells the PT profession that no 'tech' or unlicensed staff can provide or bill medicare for services. EVER. On the other hand, CMS tells the physicians that these same 'unqualified, unlicensed individuals' can provide and bill for physical therapy services as long as a doctor is merely present in the same building. This is an absolute violation of the mandate CMS is given to protect and provide healthcare for our seniors. When these physicians perform PT in their offices, they usually hand a couple of pictures to an untrained staff member send them off in another room, then bill medicare FULLY for 'PT' services. Unbelievable. If this was brought to the attention to the general public, they would be aghast. Please show us all that medicare is better than that. Rise up and accept the mandate to do the right thing for the public you serve. Don't do the right thing for the wallets of the greedy physicians billing for something they aren't providing. The power of a lobby should have NOTHING to do with the policy of a government agency whose MANDATE is to provide and protect our seniors.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I have been a physical therapist since 1946 and am more apt to need physical therapy services than to dispense them-except by consultation. In the course of my continuing career as a physica therapist, I have had countless opportunities to see the results of health care provided by physical therapists. The best services were those provided in an enviroment that allows those professional practitioners to use their knowledge, skills, and compassion for their patients and clients without monetary concerns. When a physical therapist practices in a physician's office, the employer (the physician) expects financial gain from the investment made in employees. My experience tells me that is not the proper atmosphere for the practice of a health care profession like physical therapy.

The physical therapist must have the time and freedom to examine a patient, make a physical therapy diagnosis, plan and carry out interventions tailored to the needs of the patient. Restranits, such as the need to produce income, manage care for a specified number of people in a limited amount of time, are not in the best interests of patients who can benefit from the services of a physical therapist.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am currently treating a 62 year old man who has had a knee replacement. When I first saw this person I thought he was much older than her appeared, was very weak and used a walker. I competently treated this patient and got him back on his road to recovery successfully. I believe that Athletic Trainers have the ability to treat the older population just as well as every other group of people we work with.

Submitter : Russ Schelhase Date & Time: 08/13/2004 04:08:27

Organization : Northwest Community Healthcare

Category : Other Health Care Professional

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Medicare program.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Therapy - Incident to



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Mark B. McClellan, MD, PhD
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Attention: CMS-1429-P

I am a Physical Therapist for some 23-years and currently practice Orthopaedic rehabilitation. I have worked in physician owned practice and currently have a private practice.

I wish to comment on the August 5 proposed rule on "Revisions to your letter Payment Policies Under the Physician Fee Schedule for Calendar Year 2005." In the proposed rule, CMS discusses establishing requirements for individuals who furnish outpatient physical therapy services in physician's offices. CMS proposes that qualifications of individuals providing physical therapy services "incident to" a physician should meet personnel qualifications for physical therapy in 42 CFR 484.4, with the exception of licensure. This means that individuals providing physical therapy must be graduates of an accredited professional physical therapist program or must meet certain grandfathering clauses or educational requirements for foreign trained physical therapists. My comments are intended to support CMS's proposal in the rule that establish these standards for personnel providing physical therapy services in physicians' offices.

I Express strong support for CMS's proposed requirement that physical therapists working in physicians offices be graduates of accredited professional physical therapist programs. I hire only licensed Physical therapists in my practice and I would expect a physician owned office to do the same. The general public should not be fooled!

In addition, the current law permits physical therapists and physical therapist assistants under the supervision of physical therapists are the only practitioners who have the education and training to furnish physical therapy services. Unqualified personnel should NOT be providing physical therapy services.

Physical therapists are professionally educated at the college or university level in programs accredited by the Commission on Accreditation of Physical Therapy, an independent agency recognized by the U.S. Department of Education. As of January 2002, the minimum educational requirement to become a physical therapist is a post-baccalaureate degree from an accredited education program. All programs offer at least a master's degree, and the majority will offer the doctor of physical therapy (DPT) degree by 2005.

Physical therapists must be licensed in the states where they practice. As licensed health care providers in every jurisdiction in which they practice, physical therapists are fully accountable for their professional actions.

Physical therapists receive significant training in anatomy and physiology, have a broad understanding of the body and its functions, and have completed comprehensive patient care experience. This background and training enables physical therapists to obtain positive outcomes for individuals with disabilities and other conditions needing rehabilitation. This education and training is particularly important.

Thank you for allowing my comments. If you have any additional questions that I can answer, please contact me at any time.

Sincerely,

Andrew R. Einhorn MA PT

Submitter : Mrs. Rebecca Lege Date & Time: 08/13/2004 05:08:39
Organization : Our Lady of Lourdes Hospital
Category : Physical Therapist

Issue Areas/Comments**Issues 20-29**

THERAPY - INCIDENT TO

I am a physical therapist with 33 years experience and a member of the Louisiana State Board of Physical Therapy Examiners. I know how strict our licensing board is with requiring physical therapists to provide the appropriate supervision to their support personnel. We do not allow PT aides to function in any type of patient care without the continuous, on premises supervision and observation by a licensed physical therapist.

There is good reason for this. It's patient safety and quality care. Physician's who hire aides in their offices to do what they call physical therapy or physical medicine, provide heat, ultrasound, exercise, electrical stimulation, and other PT procedures with no formal training in the procedure nor knowledge of contraindications or dangers of performing the procedure incorrectly.

We all know that the physician is not standing over them or in the same room watching the aide do the procedure. The physician is seeing other patients. This amounts to fraud when the physician bills for physical therapy or physical medicine when no professional is providing that service. Our licensing board is dealing with a case now where a physician employs a PT and several aides. We are trying to discipline the PT for improper supervision of the aides because the PT took off one day, the aides provided and billed for physical therapy or physical medicine. The PT came back and did all the documentation of the procedure that the aides performed. When the licensing board filed formal charges against the PT, the physician employer tried to stop the Board from interfering with his business, because he, as a physician, can do any kind of medical procedure and can direct his aides to do the physical therapy procedures even if his PT isn't there. This is so wrong. If CMS and a licensing Board feel that the safety of the public is in danger for a PT to allow aides to perform PT procedures, then a physician should also not be allowed to have aides doing those same procedures. The physician groups may have a strong lobby, but CMS should overlook that and do what is right for patient safety and welfare and make the same rules for physicians as they do for PT. Only a licensed physical therapist or licensed physical therapist assistant (under appropriate supervision requirements) should provide physical therapy. If physicians want PT in their offices, they should hire or contract with only those licensed personnel to provide that service and bill for it.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am a physical therapist in private practice, with 8 years experience. I work closely with several local physicians and maintain that physical therapy services should not be provided incident to physician services unless they are provided by a physical therapist or a physical therapist assistant, under the supervision of a physical therapist. Allowing unqualified and non-licensed persons to deliver physical therapy services poses a public health risk and potentially creates an unethical situation since the providing physician will benefit revenue from providing the physical therapy services. This situation could create abuse and the potential for unnecessary physical therapy services to be rendered.

Please approve standards and policies to prevent this potentially unethical situation so that qualified physical therapists and physical therapist assistants will be providing these specialized services.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I strongly support the CMS proposal which would require that all individuals providing physical therapy services "incident to" a physician should meet personnel qualifications for physical therapy in 42 CFR 484.4.

In my 29 years of experience as a physical therapist, I have known of dozens of doctors who have provided "physical therapy" services in their offices and, in every case, it seems to have been little more than a lucrative source of income. I have talked to many patients "treated" in those offices and have not found one who was treated appropriately according to Medicare standards. For example, one doctor has his receptionist put hot packs and electrical stimulation on every patient who reports pain, regardless of diagnosis, then discharges them in one month because "Medicare won't pay for any more." This is typical of the "therapy" services I've heard of which were provided in physician offices. The patient's so treated who, eventually, have been referred to me for physical therapy were harmed by their physician-provided "therapy" because it inappropriately delayed their receipt of effective treatment. If they were Medicare patients and the physical therapy cap was in place, they may not have been able to afford appropriate care after being stripped of their financial resources by the doctor.

Every state requires testing and licensure of physical therapists for public protection, and excluding physicians' office and nursing staff from this requirement is irresponsible. To imagine that the unlicensed, minimally trained people who typically provide "therapy" treatments in doctors' offices are adequately supervised by the doctor as he or she is seeing other patients is naive.

The practice of physical therapy has become increasingly complex and can only be appropriately managed by a licensed physical therapist. Even physicians who utilize physical therapy frequently for their patients (i.e. orthopedic surgeons, neurosurgeons, rheumatologists, etc.) typically send patients to the physical therapist with a request to "evaluate and treat" because they know that the PT is the most qualified professional to make the day-to-day judgements required for effective treatment.

I strongly urge you to help put a stop to the use of "physical therapy" as an income generator for some greedy physicians at the expense of their patients by requiring that ALL physical therapy services be provided by, or under the direct supervision of a licensed physician therapist.

Thank you for your consideration and for your efforts to improve healthcare services for American seniors.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am writing to express my genuine concern and opposition to recent proposed changes that would limit providers of 'incident to' services in physician offices and clinics. If adopted in the proposed form, these rules would eliminate the ability of highly trained, and in our state, LICENSED allied health care professionals to provide these important and needed services.

The time has come for the CMS to realize and recognize the fact that certified and licensed athletic trainers are respected and highly trained members of a complete health care system. Proposing that only physical, occupational, and speech therapists be granted exclusive rights to the provision of outpatient therapy services would improperly provide them exclusive rights to medicare reimbursement without regard to what may be in the patients best interest.

In our clinic, Licensed Athletic Trainers currently provide 'incident to' services in conjunction with our orthopedic specialists and family practice doctors. In many instances, we see patients at the request of the attending physician who are in need of home exercise programs for any number of musculoskeletal issues. Providing these services in the physicians office provides the patient with immediate access to professional rehabilitation services. Early intervention with proper care and a structured home exercise program can often shorten the patients recovery from illness or injury and avoid costly and expensive extended outpatient treatment. In reality, services provided by licensed athletic trainers in our particular facility saves medicare thousands of dollars annually.

In our particular clinic, it should be noted that licensed athletic trainers work with our physicians to actually write many of the treatment and rehabilitation protocols used by all therapy disciplines.

In summary, the proposed changes are simply not necessary to protect the public interest. In fact, if implemented they may very well compromise the public trust by artificially limiting who may provide services to a very specific type of health care professional whose primary motivation seems to be protecting its share of the market rather than doing what is best for the patient. If that happens, we all lose.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

'Therapy--Incident To'

To Whom It May Concern,

As a third year Athletic Training Major at Springfield College in Springfield, Massachusetts, I am deeply concerned about your proposal to limit therapy services to your subscribers.

My course of study is as rigorous as many physical therapy programs. In fact Athletic Training majors take many of the same courses as our Physical Therapy majors. In many cases an Athletic Trainer can better service a patient due to his/her specific educational background. Certified Athletic Trainers cannot be catagorized as 'individuals with no training in anatomy, physiology, neuromuscular reeducation or other techniques'. They are highly qualified professionals trained to administer services to patients.

I hope that you will consider the welfare of your subscribers and continue to support the use of Certified Athletic Trainers in the therapy setting.

Alesia Vaccari
252 Tarringford Street
Winsted, Ct 06098

Issues 10-19

DEFINING THERAPY SERVICES

Therapy--Incident to
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252 Tarringford Street
Winsted, Ct 06098

SECTION 952

Therapy

THERAPY ASSISTANTS IN PRIVATE PRACTICE

Therapy--Incident To

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Alesia Vaccari
252 Toringford Street
Winsted, Ct 06098

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

August 13, 2004

Mark B. McClellan, MD, PhD
 Administrator
 Centers for Medicare and Medicaid Services
 U.S. Department of Health and Human Services
 Attention: CMS-1429-P
 P.O. Box 8012
 Baltimore, MD 21244-8012

Subject: Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005; ?Therapy-Incident To?

Hello. I am a physical therapist, and I practice in Madison, Wisconsin. I currently work for a large academic medical center. I have worked as a physical therapist for ten years in the area of outpatient orthopedics and sports medicine.

I wish to comment on the August 5 proposed rule on ?Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005.? I strongly support the proposed rule in which CMS discusses establishing requirements for individuals who furnish outpatient physical therapy services in physician?s offices.

KEY POINTS:

? I agree that physical therapists working in physician offices should be graduates of accredited professional physical therapist programs. Licensure should serve as a minimum standard; however, I understand that current law prevents CMS from requiring it.

? Physical therapists and physical therapist assistants under the supervision of physical therapists are the only practitioners who have the education and training to furnish physical therapy services. Unqualified personnel should not be allowed to provide physical therapy services.

? Physical therapists are professionally educated at the college or university level in programs accredited by the Commission on Accreditation of Physical Therapy, an independent agency recognized by the U.S. Department of Education. As of January 2002, the minimum educational requirement to become a physical therapist is a post-baccalaureate degree from an accredited education program. All programs offer at least a master?s degree, and the majority will offer the doctor of physical therapy (DPT) degree by 2005.

? Physical therapists must be licensed in the states where they practice. As licensed health care providers in every jurisdiction in which they practice, physical therapists are fully accountable for their professional actions.

? Physical therapists receive significant training in anatomy and physiology, have a broad understanding of the body and its functions, and have completed comprehensive patient care experience. This background and training enables physical therapists to obtain positive outcomes for individuals with disabilities and other conditions needing rehabilitation. This education and training is particularly important when treating Medicare beneficiaries.

? Section 1862(a)(20) of the Social Security Act clearly requires that in order for a physician to bill ?incident to? for physical therapy services, those services must meet the same requirements for outpatient therapy services in all settings. Thus, individuals, who are graduates of accredited professional physical therapist education programs, must perform the services.

Thank you for the opportunity to provide comments on this issue, and I also appreciate your consideration of my comments.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I strongly support that all Physical Therapy Services performed and billed as such should be performed by a qualified Physical Therapist or a supervised Physical Therapist Assistant as noted in this proposed policy. This should be the case in all settings including physician offices. If not, it would create opportunity for unfair, unethical and unskilled practices.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

As both a PT and ATC, I have worked closely with both PT's and ATC's. I have found the ATC to be much better equipped to evaluate and treat those patients with orthopedic conditions. The ATC is generally more dedicated to the patient and have been, in my opinion, more creative, cost effective, thorough than a lot of the PT's that I have employed.

Submitter :

Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

August 29th, 2004

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1492-P

Dear Sir/Madame:

I am writing to comment on the proposed "incident to" services in physicians offices and clinics. I support the limitation of provision of therapy services to qualified practitioners. To provide or bill for physical therapy services, the practitioner must have met the minimum criteria of a physical therapist. That being licensure as a physical therapist, and graduation from an accredited program of physical therapy.

To allow other health care professionals represent themselves as providing physical therapy services is misleading for those receiving the service. To have unqualified personell providing services represented as physical therapy will result in lower quality care.

I am a licensed physical therapist, a licensed and certified athletic trainet. Having been through the educational requirements for both physical therapy and athletic training, I can say that the academic preparation is not equivilant. The athletic training cirriculum does not prepare the graduate for providing services to the medicare population. It certainly does not prepare the athletic trainer to provide physical therapy services. Most athletic training program graduates receive a bachelor's degree. Though some go on to obtain advanced degrees, these advanced degrees can be in any number of disciplines. All physical therapy program graduates currently have a masters degree, with many doctoral level programs.

I strongly oppose allowing the "incident to" provision of physical therapy services by unqualified persons. A ruling to allow the provision of physical therapy services only by a licensed physical therapist would not restrict access, and would insure that the services received would meet a minimum standard established by the licensure requirements of physical therapist throughout the United States.

Thank you for your consideration

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I would like to respond, as an Athletic Trainer, to the Federal Governments proposal to allow only Physical Therapists to provide "Incident to" services. I have attached a Word document with such comments. Thank You.

CMS-1429-P-149-Attach-1.doc

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES
OFFICE OF STRATEGIC OPERATIONS & REGULATORY AFFAIRS**

Please note: The attachment cited in this document is not included for one of the following reasons:

1. Improper format.
2. The submitter did not follow through when attaching the document.
3. The submitter had intended to attach more than one, but not all attachments were received.
4. The type of document provided was a password-protected file. CMS was given read-only access to the document.

We cannot provide this electronic attachment to you at this time, but you would like to view any of those that are not posted on this web site, you may call CMS and schedule an appointment at **1-800-743-3951**. Those comments along with its attachment(s), that could not be posted, will be available for your viewing at that time.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I am a both PTA and AT. My education for AT was much more advanced than my education for PTA. A cat was dissected for my PTA anatomy class and a human body was dissected for my AT anatomy class. I have worked with as many impressive PT?s as I have with inadequate PT?s. I have instructed many PT?s in orthopaedic evaluation and rehabilitation. These PT?s were not new graduates. I feel confident in my position as an athletic trainer because of my knowledge base.

In summary, it is not necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent.

Sincerely,

Kelley L. Halliburton, ATC/PTA

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Mark B. McClellan, MD, PhD
 Administrator
 Centers for Medicare and Medicaid Services
 U.S. Department of Health and Human Services
 Attention: CMS-1429-P
 P.O. Box 8012
 Baltimore, MD 21244-8012

Subject: Medicare Program; Revisions to Payment Policies
 Under the Physician Fee Schedule for Calendar Year 2005

My name is Maggi Scheewe an therapist in Asheville, NC and I'm concerned about the legislation referred to above. In the proposed rule, CMS discusses establishing requirements for individuals who furnish outpatient physical therapy services in physician's offices. CMS proposes that qualifications of individuals providing physical therapy services "incident to" a physician should meet personnel qualifications for physical therapy in 42 CFR 484.4, with the exception of licensure. This means that individuals providing physical therapy must be graduates of an accredited professional physical therapist program or must meet certain grandfathering clauses or educational requirements for foreign trained physical therapists. My comments are intended to STRONGLY SUPPORT CMS's proposal in the rule that establish these standards for personnel providing physical therapy services in physicians' offices.

It is imperative that persons practicing physical therapy obtain a license in the state where they are practicing-it is that license that is our way as a profession to protect the public. Physical therapists and physical therapist assistants under the supervision of physical therapists are the ONLY PRACTITIONERS who have the proper education and training to furnish physical therapy services. Unqualified personnel should NOT be providing physical therapy services under any circumstances.

The PT profession holds itself to the highest standard in an effort to provide safe, professional treatment of those in need of therapy.

Physical Therapists are required to meet the following requirements:

1. Professionally educated through a Master's Program, which is actually changing to a doctorate program.
2. Required to obtain a license in the state they practice. As licensed health care providers in every jurisdiction in which they practice, physical therapists are fully accountable for their professional actions.
3. One must complete significant training in anatomy and physiology, have a broad understanding of the body and its functions, and have completed comprehensive patient care experience. This background and training enables us to obtain positive outcomes for individuals with disabilities and other conditions needing rehabilitation. This education and training is particularly important when treating Medicare beneficiaries.
4. Services provided by personnel w/o licensure can NOT be referred to as "physical therapy services" because they are not being provided by those trained in physical therapy. More importantly is the fact that if untrained personnel provide these services it will be DETRIMENTAL to the patient.
5. Section 1862(a)(20) of the Social Security Act clearly requires that in order for a physician to bill "incident to" for physical therapy services, those services must meet the same requirements for outpatient therapy services in all settings. Thus, the services must be performed by individuals, who are graduates of accredited professional physical therapist education programs.

Thank you for your time and consideration as we all strive to provide the best possible healthcare for all.

Kindest regards,

Maggi Scheewe, PT

ps responses may be sent to Maggi Scheewe @ trhlgrl@juno.com



Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

see attachment



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES
OFFICE OF STRATEGIC OPERATIONS & REGULATORY AFFAIRS**

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Submitter : Date & Time:

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Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am a physical therapist with seven years experience. I have been practicing in private practice for the past 3 years. As a physical therapist with a master's degree, I remember being stunned to discover anyone could provide "physical therapy" in a physician's office. Recently, I overheard a conversation while getting a haircut. The young lady sitting in the next chair was telling her stylist how she was "doing physical therapy now." She went on to explain how she was working in a chiropractor's office and that she was trained on the job. Prior to "doing physical therapy," she was a waitress. My interest piqued, I asked her more about her job situation. She told me how the chiropractor had very little involvement with the patients' physical therapy programs. She bragged about how he would tell her to progress a patient, at which point she would advise him that the patient was not ready for that exercise. I'm not sure how she developed these particular insights to patient care. In my own practice, patients who seek a second opinion with us report their experiences with physical therapy care in the physician's office. They frequently report that they are not aware of the qualifications of the person involved in their care. They also express frustration at not having been advised of their care options and state they clearly would have selected a licensed physical therapist had they been aware of the option. They also comment on the significant differences in quality of care between skilled versus unskilled providers.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I am writing to express my concern over the recent proposal that would limit providers of "incident to" services in physician offices and clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. In turn, it would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service and place an undue burden on the health care system. Currently I am working for UPMC and am contracted out to a highschool. During this time, I also am positioned at a physical therapy clinic. At this present time, I feel handicapped because I am not able to care for certain individuals that I am quite capable to handle. I am able to treat athletes. These athletes include athletes that compete in the special olympics. For years we have worked quite well handling there injuries and I feel that we can handle the injuries of the senior population just as adequately. I thank you for your time and I hope that you take these points into consideration.
Sincerely James P. Bridges MS, ATC

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I feel all services deemed as physical therapy should be provided by a licensed physical therapist that has been thoroughly educated on the administration of such services.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am writing in strong support of CMS's proposed requirement that individuals providing physical therapy services in a physicians office be graduates of accredited PT programs. It is not safe for the public to have these services rendered by untrained & unqualified individuals. Physical therapists are professionally educated at the university level, with the current minimum standard of at least a Masters level education, with most being educated at the Doctorate level by 2005. As licensed professionals in every state they are fully accountable for their professional actions. Medicare beneficiaries frequently have complex health histories which require a professional with significant education in anatomy, physiology, and with a broad understanding of the body and its functions. As our society continues to age, it would be unsafe and negligent to have untrained individuals providing physical therapy services to the group of most medically complicated and compromised citizens this country has ever seen. It is with this in mind that I urge you to adopt this provision.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Therapy-Incident To:

I am a California licensed physical therapist with a Master's degree in Physical Therapy and eight years' experience in inpatient and outpatient care. I wish to comment on the August 5 proposed rule on "Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005."

I would like to express strong support for CMS's proposed requirement that physical therapists working in physician offices be graduates of accredited professional physical therapist programs.

Even though current law prevents your agency from requiring licensure, it would be the most appropriate standard to achieve your objective. Since it is impossible to attain licensure without a physical therapy degree or proof of equivalent education, requiring a degree of providers of physical therapy would in effect be the same as requiring licensure.

I believe that physical therapy can only be provided at the highest level when provided by a person with education of appropriate specificity to the practice of physical therapy and when the duration of the education is sufficient to provide a sound basis for clinical reasoning/decisionmaking. The current licensure system requires in all states that the license applicant attain a degree from an institution accredited through the government-recognized "Commission on Accreditation of Physical Therapy." If every state deems this necessary to ensure physical therapy is provided by the most qualified personnel, then it is most appropriate that your policy be reflective of that.

Without sound clinical reasoning behind every plan of care, it is unlikely that the therapy provided will be administered in the most efficient and effective way, and will therefore result in a higher number of treatments and greater cost to the Medicare Program and U.S. taxpayers such as myself.

Lastly, I would like to thank Mark B. McClellan, MD, PhD Administrator of Centers for Medicare and Medicaid Services, U.S. Department of Health and Human Services, for his time and thoughtfulness in this matter.

Sincerely,
Craig S. Hamley, PT OCS

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

As a Licensed physical therapist, with a Master's degree. I feel it is imperative that the general public be treated by a professional who is extensively trained in musculoskeletal dysfunction. I feel it is wrong for musculoskeletal dysfunction to be treated by a lay person.

Sincerely,

Greg Barone MPT/CWS

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Please see attached letter for comments regarding Therapy - Incident To.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES
OFFICE OF STRATEGIC OPERATIONS & REGULATORY AFFAIRS**

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Category :

Issue Areas/Comments

GENERAL

GENERAL

I am writing to express my concern over the recent proposal that would limit providers of "incident to" services in physician offices and clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. In turn, it would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service and place an undue burden on the health care system.

Please read the attached letter.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES
OFFICE OF STRATEGIC OPERATIONS & REGULATORY AFFAIRS**

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Submitter : Mrs. Jennifer Masterson Date & Time: 08/14/2004 04:08:51
Organization : Mrs. Jennifer Masterson
Category : Other Health Care Provider

Issue Areas/Comments**Issues 20-29**

THERAPY - INCIDENT TO

August 14, 2004
RE: Therapy ? Incident To

Dear Sir or Madame:

I am writing in support of the recent proposal that would require providers of physical therapy in physician offices be required to be graduates of an accredited professional physical therapist program.

As of January 2002, physical therapists are minimally educated at the Master's degree level. All physical therapist programs are accredited by the Commission on Accreditation of Physical Therapy, an independent agency recognized by the U.S. Department of Education. Physical therapists receive significant training in anatomy, medical pathology and physiology, and treatment of disorders related to the musculoskeletal, neurological, cardiopulmonary, and integumentary systems in the physical therapy patients across the lifespan. All physical therapists must be licensed in the state or states in which they practice and are fully accountable for their professional actions.

It makes sense that physical therapy services in any setting should be rendered by a qualified health care practitioner who has been educated in the delivery of such services. When a patient undergoes a knee replacement the surgery is performed by an orthopedic surgeon with training in all aspects of the surgical procedure. The same patient should be able to expect that the individual performing their physical therapy treatment to rehabilitate the knee is a qualified physical therapist or physical therapist assistant.

There are allied health care providers who believe that they should be allowed to practice physical therapy without a degree in physical therapy under the supervision of physicians as part of incident to services. I would like to specifically address how this could be harmful, specifically in case of service provided by athletic trainers. As a graduate of both a professional physical therapist program as well as a program in athletic training, I feel I am qualified to comment on the educational differences and illustrate why physical therapists and physical therapist assistants are the professional best qualified to render physical therapy services.

Athletic trainers are educated minimally at the Bachelor's degree level. The Commission on Accreditation of Allied Health Education Programs accredits athletic training programs. Athletic trainers are not required to be licensed in all states to practice and therefore are not always fully accountable for their professional actions. Athletic training programs are designed to graduate individuals who are fully qualified in the evaluation, prevention, rehabilitation, and emergency treatment of athletic injuries. The focus is on a highly active individual who does not generally have any medical co-morbidities. I have enclosed a listing of the course work I completed for both my athletic training and physical therapy degrees for you to review and compare.

Athletic trainers are highly educated individuals but they are not educated in the delivery of physical therapy, and they are certainly not appropriately educated to treat Medicare and Medicaid recipients who typically have multiple medical co-morbidities. I know my athletic training degree alone would not have provided the type of training necessary to deal with the medical co-morbidities many of my Medicare patients possess.

Finally, even if athletic trainers or other personnel did possess an educational background rendering them qualified to treat the wide variety of conditions seen in the Medicare population, Section 1862(a)(20) of the Social Security Act clearly requires that in order for a physician to bill ?incident to? for physical therapy services, those services must meet the same requirements for outpatient therapy services in all settings. Thus, the services must be performed by individuals, , who are graduates of accredited professional physical therapist education programs.

Sincerely,
Jennifer Masterson MSPT, ATC,L

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THErapy - INCIDENT TO

In reference to physical therapy services ?incident-to? a physician, I strongly support CMS?s proposed requirement that physical therapists working in physicians? offices be graduates of accredited professional physical therapist programs. This requirement would ensure competency of the individual providing care because he/she would have graduated from an accredited program and passed a national test. In contrast, unqualified individuals often lack adequate training to properly identify problems or administer treatment. I have heard of situations where untrained and unlicensed personnel have administered treatments that were potentially dangerous to patients.

I am dismayed by the current Medicare Policy in which a patient could exceed his/her cap without ever receiving services from a physical therapist. In many cases, the treatments needed were never administered and cannot be administered in the future because the money allowed under the cap has been exhausted. Therefore, the patient never fully recovers and reaches their maximum potential. Consequently, they become an ongoing financial drain on the system.

Jim Clements, MS, PT

1838 Wayne Avenue
Haddon Heights, NJ 08035
Cellular phone: (856) 546-0171
Fax: (856) 546-0114
E-mail: Jim_Clements@WORK-UP.info

August 14, 2004

Mark B. McClellan, MD, PhD.
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Medicare Program: Revisions to Payment Policies under the Physician Fee Schedule for Calendar Year 2005

Dear Dr. McClellan:

I am a graduate of Thomas Jefferson University with a physical therapy major and am a licensed physical therapist in both Pennsylvania and New Jersey. I have over fifteen years of experience including outpatient physical therapy, occupational medicine and home care. Currently, I am a physical therapist providing home care services.

In reference to physical therapy services “incident-to” a physician, I strongly support CMS’s proposed requirement that physical therapists working in physicians’ offices be graduates of accredited professional physical therapist programs. This requirement would ensure competency of the individual providing care because he/she would have graduated from an accredited program and passed a national test. In contrast, unqualified individuals often lack adequate training to properly identify problems or administer treatment. I have heard of situations where untrained and unlicensed personnel have administered treatments that were potentially dangerous to patients.

I am dismayed by the current Medicare Policy in which a patient could exceed his/her cap without ever receiving services from a physical therapist. In many cases, the treatments needed were never administered and cannot be administered in the future because the money allowed under the cap has been exhausted. Therefore, the patient never fully recovers and reaches their maximum potential. Consequently, they become an ongoing financial drain on the system.

In closing, regarding physical therapy services as “incident-to” a physician, I strongly support CMS’s proposed requirement that physical therapists working in physicians’ offices be graduates of accredited professional physical therapist programs.

Thank you for your consideration of my comments.

Sincerely,

Jim Clements, MS, PT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Please see Attached Letter.

Virginia Commonwealth University
Department of Exercise Science
PO Box 842037
Richmond, VA 23284

September 15, 2004

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Therapy – Incident To

Dear Sir/Madam:

I am writing to express my concern over the recent proposal that would limit providers of “incident to” services in physician offices and clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. In turn, it would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service and place an undue burden on the health care system.

During the decision-making process, please consider the following:

- “Incident to” has, since the inception of the Medicare program in 1965, been utilized by physicians to allow others, under the direct supervision of the physician, to provide services as an adjunct to the physician’s professional services. A physician has the right to delegate the care of his or her patients to trained individuals (including certified athletic trainers) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician’s choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient.

- There have never been any limitations or restrictions placed upon the physician in terms of who he or she can utilize to provide ANY “incident to” service. Because the physician accepts legal responsibility for the individual under his or her supervision, Medicare and private payers have always relied upon the professional judgment of the physician to be able to determine who is or is not qualified to provide a particular service. ***It is imperative that physicians continue to make decisions in the best interests of the patients.***
- In many cases, the change to “incident to” services reimbursement would render the physician unable to provide his or her patients with comprehensive, quickly accessible health care. The patient would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient.
- This country is experiencing an increasing shortage of credentialed allied and other health care professionals, particularly in rural and outlying areas. If physicians are no longer allowed to utilize a variety of qualified health care professionals working “incident to” the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment.
- Patients who would now be referred outside of the physician’s office would incur delays of access. In the case of rural Medicare patients, this could not only involve delays but, as mentioned above, cost the patient in time and travel expense. Delays would hinder the patient’s recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare.
- Curtailing to whom the physician can delegate “incident to” procedures will result in physicians performing more of these routine treatments themselves. Increasing the workload of physicians, who are already too busy, will take away from the physician’s ability to provide the best possible patient care.
- Athletic trainers are highly educated. ALL certified or licensed athletic trainers ***must have a bachelor’s or master’s degree*** from an accredited college or university. Foundation courses include: human physiology, human anatomy, kinesiology/biomechanics, nutrition, acute care of injury and illness, statistics and research design, and exercise physiology. Seventy (70) percent of all athletic trainers have a master’s degree or higher. This great majority of practitioners who hold advanced degrees is comparable to other health care professionals, including physical therapists, occupational therapists, registered nurses, speech therapists and many other mid-level health care practitioners. Academic programs are accredited through an independent process by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) via the Joint Review Committee on educational programs in Athletic Training (JRC-AT).
- To allow *only* physical therapists, occupational therapists, and speech and language pathologists to provide “incident to” outpatient therapy services would improperly provide these groups exclusive rights to Medicare reimbursement. To mandate that only these practitioners may provide “incident to” outpatient therapy in physicians’ offices would improperly remove the states’ right to license and regulate the allied health care professions

deemed qualified, safe and appropriate to provide health care services.

- CMS, in proposing this change, offers no evidence that there is a problem that is in need of fixing. By all appearances, this is being done to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services.
- CMS does not have the statutory authority to restrict who can and cannot provide services “incident to” a physician office visit. ***In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of therapy services.***
- Independent research has demonstrated that the quality of services provided by certified athletic trainers is equal to the quality of services provided by physical therapists.
- Athletic trainers are employed by almost every U.S. post-secondary educational institution with an athletic program and every professional sports team in America to work with athletes to **prevent, assess, treat and rehabilitate** injuries sustained during athletic competition. In addition, dozens of athletic trainers will be accompanying the U.S. Olympic Team to Athens, Greece this summer to provide these services to the top athletes from the United States. For CMS to even suggest that athletic trainers are unqualified to provide these same services to a Medicare beneficiary who becomes injured as a result of walking in a local 5K race and goes to their local physician for treatment of that injury is outrageous and unjustified.
- These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept.

In summary, it is not necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent.

Sincerely,

A handwritten signature in black ink that reads "Brent L. Arnold". The signature is written in a cursive, flowing style.

Brent L. Arnold, PhD, ATC
Associate Professor
Director, VCU Sports Medicine Research Laboratory

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

TO: Mark B. McClellan, MD, PhD
FROM: Robert N. Dennis PT,CWS,MED

Sir, I am a Liscensed Physical Therapist in Abilene,Texas. I have been practicing for 24 years in acute care, nursing homes, and presently in a wound care clinic. I am relating to you my concerns on the Aug 5 proposed rule on 'Revisions to Payment Policies Under the Physician Fee Schedule for Calender Year 2005'. It appears that some would like physical therapy services provided in a physician's office incident to a physician's professional services must be furnished by personnel who 'meet certain standards', but not liscensed. I strongly urge you to consider that, along with CMS,one of those standards must be graduation from an accredited School of Physical Therapy and subsequent Certification/Liscensure.

When a student embarks on the career of a Physical Therapist, he or she must make a considered and concious decision to dedicate a life to excellence. Before one can enter into an accredited School of Physical Therapy, three to four years of education must be attained. One must garner a specific amount of time volunteering or working in a physical therapy environment. One must then apply for admission and if the requirments are met undergo a rigorous interview process to obtain acceptance. After acceptance, another two to three years of physical therapy specific education occurs. During this educational process not only academic challenges, but also clinical experience challanges must be met. At any time during this process if an individual does not meet the academic and clinical requirements, remediation or expulsion can occur. After meeting the standards, a Masters or in increasing numbers a Doctor of Physical Therapy is awarded. Following this process, an individual must meet the the standards of Certification/Liscensure exams. If this exam is not passed, the ability to practice is withheld until the standards are met or remediation occurs that ensures competency before re-examination. Only after these standards are met is an individual allowed to practice as a Certified/Liscensed Physical Therapist.

As can be seen, much time and effort to achieve the excellence to treat clients is invested. It can also be seen that no 'on the job' training can suffice to meet the stringent standards of my profession. Physical Therapists are an extender for the physician. Time for the physician is always at a premium. The physician does not have the time to monitor the effects and modify the treatment accordingly. The MDs, DOs, and DPMs I work with rely on me to do that monitoring and modification to ensure that the highest level of care and return to function occurs with their clients. The education and experience I obtained in a School of Physical Therapy is the only way that quality and expertise can be insured. The Americans that recieve care deserve the highest level of competence available. The ability to know what needs to be done, monitor its effect, and suggest modification can only be done after the clinician has met all the standards of being a Physical Therapist.

Being a Physical Therapist is a lot like being a guide through a journey. The guide must know where he is going (what is the path to full recovery). How he is going to get there (what skills and techniques are needed). What is the progress (are the adjuncts working and if not, how to modify). Finally, when is the journey complete (has the client reached the maximum level of function attainable). In all truth would you allow one of your loved ones to embark on a journey without the best guide and assistance available. Would you want someone who has heard about the path, or would you require a guide who not only has served as an apprentice for education, but also completed the journey multiple times. The practice of Physical Therapy is not one of convience, but commitment. No amount of mentoring of a lay person can replace the standards upheld by the title Physical Therapist

Submitter : Mrs. Julie Chita Date & Time: 08/14/2004 08:08:07

Organization : Mrs. Julie Chita

Category : Physical Therapist

Issue Areas/Comments

Issues 20-29

OTHER - INCIDENT TO

I am a licensed physical therapist in New Jersey, practicing over 12 years. For nine of these years, I have worked for physician or hospital owned facilities. These facilities remained committed to providing and billing for services only given by licensed physical therapists or supervised physical therapist assistants. This highly increases the probability of high quality of care, safety of the patient and continuity of the profession. To allow unqualified, poorly trained personnel to provide physical therapy services opens patients to care which can not be based upon skilled decision making, up-to-date techniques or uniformed minimum standards. Patients will likely receive routine modalities and prearranged exercise programs without individualization.

As a conscientious licensed professional, I have attended an average of 2 continuing education courses a year, belonged to various professional groups including the APTA, and have scheduled to begin my doctorate training and specialty certification for next year. My patients receive a full evaluation, individualized treatment and informed billing. This is the care I provide, would expect as a patient and would look for as a reimbursor. I fear that this level could not be uniformly possible under the current arrangements allowed in physician offices. I hope you consider amending this issue.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

see attachment



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES
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Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

When I receive physical therapy in my doctor's office, now that I am about to receive Medicare, I want to know that the person giving the treatment is qualified and is a physical therapist, with the training of a physical therapist. Physical therapy should only be given by a physical therapist.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I believe that this action would place undue burden on an already taxed healthcare system, send the message that CMS trusts physicians with peoples lives but cannot distinguish a qualified person to work with them, and serve only the physical therapists who keep lobbying for this measure, even though it was defeated LAST YEAR!

Russell Wilson, MS, LAT, ATC
End Zone Sports Medicine
P O Box 21
Lockney, Texas 79241

August 14, 2004

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Therapy – Incident To

Dear Sir/Madam:

I am writing to express my concern over the recent proposal that would limit providers of “incident to” services in physician offices and clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. This would impact my business by limiting my income. So much so that I would, in fact, have to close my doors. I believe that this measure would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service and place an undue burden on the health care system.

During the decision-making process, please consider the following:

- “Incident to” has, since the inception of the Medicare program in 1965, been utilized by physicians to allow others, ***under the direct supervision of the physician***, to provide services as an adjunct to the physician’s professional services. A physician has the right to delegate the care of his or her patients to trained individuals (including certified athletic trainers) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician’s choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient.

- There have never been any limitations or restrictions placed upon the physician in terms of who he or she can utilize to provide ANY “incident to” service. Because the physician accepts legal responsibility for the individual under his or her supervision, Medicare and private payers have always relied upon the professional judgment of the physician to be able to determine who is or is not qualified to provide a particular service. ***It is imperative that physicians continue to make decisions in the best interests of the patients.***
- In many cases, the change to “incident to” services reimbursement would render the physician unable to provide his or her patients with comprehensive, quickly accessible health care. The patient would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient.
- This country is experiencing an increasing shortage of credentialed allied and other health care professionals, particularly in rural and outlying areas. This is where I work! If my physician is no longer allowed to utilize a variety of qualified health care professionals, such as myself, working “incident to” the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment.
- Patients who would now be referred outside of the physician’s office would incur delays of access. In the case of rural Medicare patients, this could not only involve delays but, as mentioned above, cost the patient in time and travel expense. Delays would hinder the patient’s recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare.
- Curtailing to whom the physician can delegate “incident to” procedures will result in physicians performing more of these routine treatments themselves. Increasing the workload of physicians, who are already too busy, will take away from the physician’s ability to provide the best possible patient care.
- Athletic trainers are highly educated. ALL certified or licensed athletic trainers ***must have a bachelor’s or master’s degree*** from an accredited college or university. Foundation courses include: human physiology, human anatomy, kinesiology/biomechanics, nutrition, acute care of injury and illness, statistics and research design, and exercise physiology. Seventy (70) percent of all athletic trainers have a master’s degree or higher. This great majority of practitioners who hold advanced degrees is comparable to other health care professionals, including physical therapists, occupational therapists, registered nurses, speech therapists and many other mid-level health care practitioners. Academic programs are accredited through an independent process by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) via the Joint Review Committee on educational programs in Athletic Training (JRC-AT).
- To allow *only* physical therapists, occupational therapists, and speech and language pathologists to provide “incident to” outpatient therapy services would improperly provide these groups exclusive rights to Medicare reimbursement. To mandate that only these practitioners may provide “incident to” outpatient therapy in physicians’ offices would improperly remove the states’ right to license and regulate the allied health care professions

deemed qualified, safe and appropriate to provide health care services.

- CMS, in proposing this change, offers no evidence that there is a problem that is in need of fixing. Why fix what isn't broke? By all appearances, this is being done to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services.
- CMS does not have the statutory authority to restrict who can and cannot provide services "incident to" a physician office visit. *In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of therapy services.*
- Independent research has demonstrated that the quality of services provided by certified athletic trainers is equal to the quality of services provided by physical therapists.
- Athletic trainers are employed by almost every U.S. post-secondary educational institution with an athletic program and every professional sports team in America to work with athletes to **prevent, assess, treat and rehabilitate** injuries sustained during athletic competition. In addition, dozens of athletic trainers will be accompanying the U.S. Olympic Team to Athens, Greece this summer to provide these services to the top athletes from the United States. For CMS to even suggest that athletic trainers are unqualified to provide these same services to a Medicare beneficiary who becomes injured as a result of walking in a local 5K race and goes to their local physician for treatment of that injury is outrageous and unjustified. But what concerns me is the fact that CMS would go out on a limb and say that I am qualified to treat a high school athlete, but I am not qualified to treat an active senior citizen. You trust me with your children, but not your parents?
- These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept.

In summary, it is not necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent.

Sincerely,

Russell Wilson, MS, LAT, ATC, Lic-P

Licensed Athletic Trainer

Certified Athletic Trainer

Licensed EMT-Paramedic

Director of Outreach Services

End Zone Sports Medicine

Lockney, Texas

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Gerald R. Weniger, ATC, CSCS
127 Willet Hall
Longwood University
Farmville, VA 23901

August 15, 2004

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Therapy – Incident To

Dear Sir/Madam:

I am writing to express my concern over the recent proposal that would limit providers of “incident to” services in physician offices and clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. In turn, it would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service and place an undue burden on the health care system.

During the decision-making process, please consider the following:

- “Incident to” has, since the inception of the Medicare program in 1965, been utilized by physicians to allow others, under the direct supervision of the physician, to provide services as an adjunct to the physician’s professional services. A physician has the right to delegate the care of his or her patients to trained individuals (including certified athletic trainers) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician’s choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient.
- There have never been any limitations or restrictions placed upon the physician in terms of who he or she can utilize to provide ANY “incident to” service. Because the physician accepts legal responsibility for the individual under his or her supervision, Medicare and private payers have always relied upon the professional judgment of the physician to be able to determine who is or is not qualified to provide a particular service. ***It is imperative that physicians continue to make decisions in the best interests of the patients.***
- In many cases, the change to “incident to” services reimbursement would render the physician unable to provide his or her patients with comprehensive, quickly accessible health care. The patient would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the

patient.

- This country is experiencing an increasing shortage of credentialed allied and other health care professionals, particularly in rural and outlying areas. If physicians are no longer allowed to utilize a variety of qualified health care professionals working “incident to” the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment.
- Patients who would now be referred outside of the physician’s office would incur delays of access. In the case of rural Medicare patients, this could not only involve delays but, as mentioned above, cost the patient in time and travel expense. Delays would hinder the patient’s recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare.
- Curtailing to whom the physician can delegate “incident to” procedures will result in physicians performing more of these routine treatments themselves. Increasing the workload of physicians, who are already too busy, will take away from the physician’s ability to provide the best possible patient care.
- Athletic trainers are highly educated. ALL certified or licensed athletic trainers ***must have a bachelor’s or master’s degree*** from an accredited college or university. Foundation courses include: human physiology, human anatomy, kinesiology/biomechanics, nutrition, acute care of injury and illness, statistics and research design, and exercise physiology. Seventy (70) percent of all athletic trainers have a master’s degree or higher. This great majority of practitioners who hold advanced degrees is comparable to other health care professionals, including physical therapists, occupational therapists, registered nurses, speech therapists and many other mid-level health care practitioners. Academic programs are accredited through an independent process by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) via the Joint Review Committee on educational programs in Athletic Training (JRC-AT).
- To allow *only* physical therapists, occupational therapists, and speech and language pathologists to provide “incident to” outpatient therapy services would improperly provide these groups exclusive rights to Medicare reimbursement. To mandate that only these practitioners may provide “incident to” outpatient therapy in physicians’ offices would improperly remove the states’ right to license and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services.
- CMS, in proposing this change, offers no evidence that there is a problem that is in need of fixing. By all appearances, this is being done to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services.
- CMS does not have the statutory authority to restrict who can and cannot provide services “incident to” a physician office visit. ***In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of therapy services.***

- Independent research has demonstrated that the quality of services provided by certified athletic trainers is equal to the quality of services provided by physical therapists.
- Athletic trainers are employed by almost every U.S. post-secondary educational institution with an athletic program and every professional sports team in America to work with athletes to **prevent, assess, treat and rehabilitate** injuries sustained during athletic competition. In addition, dozens of athletic trainers will be accompanying the U.S. Olympic Team to Athens, Greece this summer to provide these services to the top athletes from the United States. For CMS to even suggest that athletic trainers are unqualified to provide these same services to a Medicare beneficiary who becomes injured as a result of walking in a local 5K race and goes to their local physician for treatment of that injury is outrageous and unjustified.
- These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept.

In summary, it is not necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent.

Sincerely,

Gerald R. Weniger, ATC, CSCS

Gerald R. Weniger, ATC, CSCS

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am writing to express my concern over the recent proposal that would limit providers of 'incident to' services in physician offices and clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. In turn, it would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service and place an undue burden on the health care system. I support no change to the current policy.

During the decision-making process, please consider the following:

'Incident to' has, since the inception of the Medicare program in 1965, been utilized by physicians to allow others, under the direct supervision of the physician, to provide services as an adjunct to the physician's professional services. A physician has the right to delegate the care of his or her patients to trained individuals, such as nurses, medical assistants, and athletic trainers, whom the physician deems knowledgeable and trained in the protocols to be administered. The physician's choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient.

There currently are no limitations or restrictions placed upon the physician in terms of who he or she can utilize to provide ANY 'incident to' service. Medicare and private payers have always relied upon the professional judgment of the physician to be able to determine who is or is not qualified to provide a particular service. It is imperative that physicians continue to make decisions in the best interests of their patients.

This country is experiencing an increasing shortage of credentialed health care professionals, particularly in rural and outlying areas. If physicians are no longer allowed to utilize a variety of qualified health care professionals working 'incident to' the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment.

Patients who would now be referred outside of the physician's office would incur delays of access. In the case of rural Medicare patients, this could not only involve delays but, as mentioned above, cost the patient in time and travel expense. Delays would hinder the patient's recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare. Curtailing to whom the physician can delegate 'incident to' procedures will result in physicians performing more of these routine treatments themselves. Increasing the workload of physicians, who are already too busy, will take away from the physician's ability to provide the best possible patient care.

To allow only physical therapists, occupational therapists, and speech and language pathologists to provide 'incident to' outpatient therapy services would improperly provide these groups exclusive rights to Medicare reimbursement. To mandate that only these practitioners may provide 'incident to' outpatient therapy in physicians' offices would improperly remove the states' right to license and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services.

Centers for Medicare & Medicaid Services, in proposing this change, offers no evidence that there is a problem that is in need of fixing. By all appearances, this is being done to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services.

It is not necessary or advantageous for Centers for Medicare & Medicaid Services to institute the changes proposed. This CMS recommendation is a health care access deterrent and an anti trust issue.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments**GENERAL**

GENERAL

As a Certified Athletic Trainer, the new Medicare Revision Program for 2005 is detrimental for all Medicare recipients. Personally, I find it insulting that the APTA can speak for the thousands of Medicare recipients that receive quality physical rehabilitation services provided by ATCs across America.

Contrary to CMS-1429-P Summary, ATCs are required to successfully complete coursework from accredited universities and programs. To be eligible to sit for the National Athletic Trainers' Association Board of Certification Exam, candidates must successfully complete academic coursework requirements (Bachelor's Degree) and complete 750 hours of internship experience under a Certified Athletic Trainer. After successfully completing all 3 sections of the NATA-BOC exam (Written Section, Written Simulation Section, and Practical/Oral Section) with a passing grade of 70% or higher on each section, Athletic Trainers must keep their certification current through continuing educational units (CEUs)(80 hours in a 3 year period) and maintain CPR/First Aid and Aorta External Defibrillator (AED) certification. Not only are ATCs better equipped to handle emergency and primary rescue scenarios than PTs, OTs, PTAs, COTAs, and SLPs, but ATCs can provide additional follow-up services including outpatient physical medicine and rehabilitation services.

The National Association Trainers' Association operates under strict guidelines established and regulated by the American Medical Association. Athletic Trainers must maintain their NATA-BOC certification to use the title Certified Athletic Trainer (ATC). Ironically, the APTA does not mandate membership or CEUs for physical therapists to practice in the United States. Occupational Therapists required membership and registration with the state, however OT-Rs are not required to maintain CEUs. PTAs and COTAs complete programs from community colleges (2 year programs) and are not required to maintain CEUs or join their respected organizations.

As as Cerified Athletic Trainer, it is disheartening to read CMS-1429-P with the well-being of Medicare recipients in mind. After working in a physician-extender physical therapy clinic for over 3 years, I can honestly see the difference ATCs make on a daily basis. All of the Orthopedic Surgeons, Physical Therapists, Nurses, and Athletic Trainers at my facility work together (not against each other) to provide patients (especially Medicare patients) with the best medical services possible. This revision should encourage the "team" appracoh to providing therapy services, rather than dictating which professions should provide services.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I have one patient who received 'physical therapy' from a chiropractor. The patient received hot packs and ESTIM over an area that, after further medical work-up, revealed a malignant tumor. A fully trained and licensed physical therapist would have been trained in a differential diagnosis such as this one. Chiropractors, massage therapists and the like, do not have this training.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am writing to express my concern over the recent proposal that would limit providers of 'incident to' services in physician offices and clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. In turn, it would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service and place an undue burden on the health care system.

Joseph S. Ruis, ATC/L
2899 Harbour Grace Court
Apopka, FL 32703

August 15, 2004

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Therapy – Incident To

Dear Sir/Madam:

I am writing to express my concern over the recent proposal that would limit providers of “incident to” services in physician offices and clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. In turn, it would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service and place an undue burden on the health care system.

During the decision-making process, please consider the following:

- “Incident to” has, since the inception of the Medicare program in 1965, been utilized by physicians to allow others, under the direct supervision of the physician, to provide services as an adjunct to the physician’s professional services. A physician has the right to delegate the care of his or her patients to trained individuals (including certified athletic trainers) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician’s choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient.

- There have never been any limitations or restrictions placed upon the physician in terms of who he or she can utilize to provide ANY “incident to” service. Because the physician accepts legal responsibility for the individual under his or her supervision, Medicare and private payers have always relied upon the professional judgment of the physician to be able to determine who is or is not qualified to provide a particular service. ***It is imperative that physicians continue to make decisions in the best interests of the patients.***
- In many cases, the change to “incident to” services reimbursement would render the physician unable to provide his or her patients with comprehensive, quickly accessible health care. The patient would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient.
- This country is experiencing an increasing shortage of credentialed allied and other health care professionals, particularly in rural and outlying areas. If physicians are no longer allowed to utilize a variety of qualified health care professionals working “incident to” the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment.
- Patients who would now be referred outside of the physician’s office would incur delays of access. In the case of rural Medicare patients, this could not only involve delays but, as mentioned above, cost the patient in time and travel expense. Delays would hinder the patient’s recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare.
- Curtailing to whom the physician can delegate “incident to” procedures will result in physicians performing more of these routine treatments themselves. Increasing the workload of physicians, who are already too busy, will take away from the physician’s ability to provide the best possible patient care.
- Athletic trainers are highly educated. ALL certified or licensed athletic trainers ***must have a bachelor’s or master’s degree*** from an accredited college or university. Foundation courses include: human physiology, human anatomy, kinesiology/biomechanics, nutrition, acute care of injury and illness, statistics and research design, and exercise physiology. Seventy (70) percent of all athletic trainers have a master’s degree or higher. This great majority of practitioners who hold advanced degrees is comparable to other health care professionals, including physical therapists, occupational therapists, registered nurses, speech therapists and many other mid-level health care practitioners. Academic programs are accredited through an independent process by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) via the Joint Review Committee on educational programs in Athletic Training (JRC-AT).
- To allow *only* physical therapists, occupational therapists, and speech and language pathologists to provide “incident to” outpatient therapy services would improperly provide these groups exclusive rights to Medicare reimbursement. To mandate that only these practitioners may provide “incident to” outpatient therapy in physicians’ offices would improperly remove the states’ right to license and regulate the allied health care professions

deemed qualified, safe and appropriate to provide health care services.

- CMS, in proposing this change, offers no evidence that there is a problem that is in need of fixing. By all appearances, this is being done to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services.
- CMS does not have the statutory authority to restrict who can and cannot provide services “incident to” a physician office visit. ***In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of therapy services.***
- Independent research has demonstrated that the quality of services provided by certified athletic trainers is equal to the quality of services provided by physical therapists.
- Athletic trainers are employed by almost every U.S. post-secondary educational institution with an athletic program and every professional sports team in America to work with athletes to **prevent, assess, treat and rehabilitate** injuries sustained during athletic competition. In addition, dozens of athletic trainers will be accompanying the U.S. Olympic Team to Athens, Greece this summer to provide these services to the top athletes from the United States. For CMS to even suggest that athletic trainers are unqualified to provide these same services to a Medicare beneficiary who becomes injured as a result of walking in a local 5K race and goes to their local physician for treatment of that injury is outrageous and unjustified.
- These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept.

In summary, it is not necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent.

Sincerely,

Joseph S. Ruis, ATC/L
Florida License # AL1600

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Centers for Medicare & Medicaid Services
Dpt of Health & Human Services
Attention: CMS-1429-P
Re:Therapy ? Incident To

Dear Madam or Sir,

I am writing to express my concern over the recent proposal that would limit providers of ?incident to? services in physician offices and clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. In turn, it would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service and place an undue burden on the health care system.

During the decision-making process, please consider the following:

??Incident to? has, since the inception of the Medicare program in 1965, been utilized by physicians to allow others, under the direct supervision of the physician, to provide services as an adjunct to the physician?s professional services. A physician has the right to delegate the care of his or her patients to trained individuals (including certified athletic trainers)whom the physician deems knowledgeable and trained in the protocols to be administered. The physician?s choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient. ?There have never been any limitations or restrictions placed upon the physician in terms of who he or she can utilize to provide ANY ?incident to? service. Because the physician accepts legal responsibility for the individual under his or her supervision, Medicare and private payers have always relied upon the professional judgment of the physician to be able to determine who is or is not qualified to provide a particular service. It is imperative that

physicians continue to make decisions in the best interests of the patients.

This country is experiencing an increasing shortage of credentialed allied and other health care professionals, particularly in rural and outlying areas. If physicians are no longer allowed to utilize a variety of qualified health care professionals working ?incident to? the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment.

Athletic trainers are highly educated. ALL certified or licensed athletic trainers must have a bachelor?s or master?s degree from an accredited college or university. Foundation courses include: human physiology, human anatomy, kinesiology/biomechanics, nutrition, acute care of injury and illness, statistics and research design, and exercise physiology. Seventy percent of all athletic trainers have a master?s degree or higher. This great majority of

practitioners who hold advanced degrees is comparable to other health care professionals, including physical therapists, occupational therapists, registered nurses, speech therapists and

many other mid-level health care practitioners. Academic programs are accredited through an independent process by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) via the Joint Review Committee on educational programs in Athletic Training.

?To allow only physical therapists, occupational therapists, and speech and language pathologists to provide ?incident to? outpatient therapy services would improperly provide these groups exclusive rights to Medicare reimbursement. To mandate that only these practitioners may provide ?incident to? outpatient therapy in physicians? offices would improperly remove the states? right to license and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services.

CMS, in proposing this change, offers no evidence that there is a problem that is in need of fixing. By all appearances, this is being done to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services.

Thank you for your time in listening to my concerns,

Benjamin Cowin, ATC, LAT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THErapy - INCIDENT TO

I am submitting my support for the "therapy-incident to" legislation for CMS and wish to support many reasons for why this is so important. First, I feel that as all medical professionals, we each obtain our own education specific to our profession. As a licensed physical therapist, we must attend an accredited college/university for a period of 2-3 years depending on graduate degree (MPT, DPT). As a result, the finished product is a licensed physical therapist who is adept at evaluating and treating a plethora of medical conditions. Second, the role of physical therapist throughout the years has been well documented in several medical journals. We serve to treat all people of all ages with disabilities and functional impairments. As a result, I feel that it is our education as physical therapist as well as clinical experience that allows us to fulfill such an important role in the medical field. The "therapy-incident to" supports that belief by reinforcing the need to have a licensed physical therapist of an accredited college performing physical therapy procedures and modalities. Third, as a physical therapy in private practice, I constantly battle physical owned physical therapy clinics (POPTS) in the competition to obtain patients appropriate for physical therapy services. Several pieces of legislation (STARK and STARK II) were put in place to implement the anti-trust issues that are threatened by these practices. It serves no patient to be coerced to obtain physical therapy services within the physicians physical therapy clinic. Only the doctor receives a bonus with that decision. A patient should have a choice on where they chose to receive therapy services. It is for these reasons that I feel it is important to implement the "therapy incident -to" ruling so that not only do our medicare patients receive a choice to receive therapy of their choosing, but so as a society all people receive the proper medical care without the thought of getting a "kick-back"

I would like to thank the administrator for allowing all that are and would be affected by this ruling. It is as important to health care as all patients should have a choice and know that they are receiving physical therapy from a qualified, licensed physical therapist of their choosing.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

Please find attach a detailed letter / comments regarding the proposed changes to the 'incident to' CMS policy.

Professionally,
Jnise A. Ramsey, MS, ATC

J'nise A. Ramsey, MS, ATC
Mid-Michigan Orthopedics
113 E. Williams Street
Owosso, MI 48867

August 15, 2004

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Therapy – Incident To

Dear Sir/Madam:

The purpose of this letter is to express my concern over the recent proposal to limit the providers of “incident to” services in physician offices and clinics. This proposal would eliminate the ability of qualified health care professionals (certified athletic trainers) to provide these important services. In turn, it would reduce the quality of health care for Medicare patients and ultimately increase the cost associated with providing this service and place an additional burden on the health care system.

During the decision making process, please consider the following:

- “Incident to” has, since the inception of the Medicare program in 1965, been utilized by physicians to allow others, under the direct supervision of the physician, to provide services as an adjunct to the physician’s services. A physician has the right to delegate the care of his/her patients to trained professionals (including certified athletic trainers) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician’s choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient.
- There have never been any limitations or restrictions placed upon the physician in terms of who he/she can utilize to provide ANY “incident to” service. The physician accepts legal responsibility for the individual under his/her supervision. Medicare and private payers have always relied upon the professional judgment of the physician to be able to determine who is or is not qualified to provide a particular service. **It is imperative that physicians continue to make decisions in the best interest of their patients.**
- In many cases, the change to “incident to” services reimbursement would render the physician unable to provide his/her patients with comprehensive, quickly accessible healthcare. The patient would be forced to see the physician and

separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient.

- There is an increasing shortage of credentialed allied and other health care professionals, particularly in rural and outlying areas. If physicians are no longer allowed to utilize a variety of qualified health care professionals working “incident to” the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment. Delays would hinder the patient’s recover and/or increase recovery time, which would ultimately add to the medical expenditure of Medicare.
- Diminishing to whom the physician can delegate “incident to” procedures will result in physicians performing more of these routine treatments themselves. Increasing the workload of physicians, who are already busy, will take away from the physician’s ability to provide the best possible patient care.
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- CMS, in proposing this change, offers no evidence that there is a problem that is in need of fixing. By all appearances, this is being done to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services.
- CMS does not have the statutory authority to restrict who can and cannot provide services “incident to” a physician office visit. **In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific**

type of health care professional, to seek exclusivity as a provider of therapy services.

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In summary, it is not necessary or advantageous for CMS to institute the changes that have been proposed. This CMS recommendation would be a health care deterrent.

Sincerely,

J'nise A. Ramsey, MS, ATC

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I am attaching a letter regarding the proposed changes to 'incidentto' physician services that were recently put forward. Please take into consideration my comments regarding this matter.

Sincerely,
Gai L. Clemmer, MS, ATC

Gai L. Clemmer, MS, ATC
McLaren Sports Medicine
216 E. Comstock
Owosso, MI 48867

August 15, 2004

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Therapy – Incident To

Dear Sir/Madam:

The purpose of this letter is to express my concern over the recent proposal to limit the providers of “incident to” services in physician offices and clinics. This proposal would eliminate the ability of qualified health care professionals (certified athletic trainers) to provide these important services. In turn, it would reduce the quality of health care for Medicare patients and ultimately increase the cost associated with providing this service and place an additional burden on the health care system.

During the decision making process, please consider the following:

- “Incident to” has, since the inception of the Medicare program in 1965, been utilized by physicians to allow others, under the direct supervision of the physician, to provide services as an adjunct to the physician’s services. A physician has the right to delegate the care of his/her patients to trained professionals (including certified athletic trainers) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician’s choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient.
- There have never been any limitations or restrictions placed upon the physician in terms of who he/she can utilize to provide ANY “incident to” service. The physician accepts legal responsibility for the individual under his/her supervision. Medicare and private payers have always relied upon the professional judgment of the physician to be able to determine who is or is not qualified to provide a particular service. **It is imperative that physicians continue to make decisions in the best interest of their patients.**
- In many cases, the change to “incident to” services reimbursement would render the physician unable to provide his/her patients with comprehensive, quickly accessible healthcare. The patient would be forced to see the physician and

separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient.

- There is an increasing shortage of credentialed allied and other health care professionals, particularly in rural and outlying areas. If physicians are no longer allowed to utilize a variety of qualified health care professionals working “incident to” the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment. Delays would hinder the patient’s recover and/or increase recovery time, which would ultimately add to the medical expenditure of Medicare.
- Diminishing to whom the physician can delegate “incident to” procedures will result in physicians performing more of these routine treatments themselves. Increasing the workload of physicians, who are already to busy, will take away from the physician’s ability to provide the best possible patient care.
- Certified athletic trainers are highly educated. **ALL certified or licensed athletic trainers must have a bachelor’s or master’s degree from an accredited college or university.** Foundation courses include: human physiology, human anatomy, kinesiology/biomechanics, nutrition, acute care of injury and illness, statistics and research design, and exercise physiology. Seventy (70) percent of all athletic trainers have master’s degree or higher. This great majority of practitioners who hold advanced degrees is comparable to other health care professionals, including physical therapists, occupational therapists, registered nurses, speech therapists, and many other mid-level health care practitioners. Academic programs are accredited through an independent process by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) via the Joint Review Committee on educational programs in Athletic Training (JRC-AT).
- To allow *only* physical therapists or occupational therapists, and speech and language pathologists to provide “incident to” outpatient therapy services would improperly provide these groups exclusive rights to Medicare reimbursement. To mandate only these practitioners may provide “incident to” outpatient therapy in physicians’ offices would improperly remove the states’ right to license and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services.
- CMS, in proposing this change, offers no evidence that there is a problem that is in need of fixing. By all appearances, this is being done to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services.
- CMS does not have the statutory authority to restrict who can and cannot provide services “incident to” a physician office visit. **In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific**

type of health care professional, to seek exclusivity as a provider of therapy services.

- Independent research has demonstrated that the quality of services provided by certified athletic trainers is equal to the quality of services provided by physical therapists.
- Certified athletic trainers are employed by almost every U.S. post-secondary educational institution with an athletic program and every professional sports team in America to work with athletes in **prevention, access, treatment, and rehabilitation** of injuries. In addition, dozens of certified athletic trainers are accompanying the U.S. Olympic Team to Athens, Greece to provide these services to the top athletes from the United States. For CMS to even suggest that athletic trainers are unqualified to provide the same services to a Medicare beneficiary who becomes injured as result of walking in a local 5K race and goes to their local physician for treatment of that injury is outrageous and unjustified.

In summary, it is not necessary or advantageous for CMS to institute the changes that have been proposed. This CMS recommendation would be a health care deterrent.

Sincerely,

Gai L. Clemmer, MS, ATC

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

See attached letter



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES
OFFICE OF STRATEGIC OPERATIONS & REGULATORY AFFAIRS**

Please note: The attachment cited in this document is not included for one of the following reasons:

1. Improper format.
2. The submitter did not follow through when attaching the document.
3. The submitter had intended to attach more than one, but not all attachments were received.
4. The type of document provided was a password-protected file. CMS was given read-only access to the document.

We cannot provide this electronic attachment to you at this time, but you would like to view any of those that are not posted on this web site, you may call CMS and schedule an appointment at **1-800-743-3951**. Those comments along with its attachment(s), that could not be posted, will be available for your viewing at that time.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Mark B. McClen,MD,PhD. Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Subject: Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule for Calendar year 2005

Dear Dr. McClellan:

I am a physical therapist licensed in Michigan for 31 years, and am writing to you regarding the "Therapy =Incident to" proposed rules of August 5,2004, regarding qualifications for individuals who furnish outpatient physical therapy services in physician's offices. In the proposed rule CMS would require that individuals providing "incident to" services should meet the same qualifications as required in other settings. I am writing in support of this rule, and applaud CMS for considering this important issue.

Physical therapists are the only professionals qualified by education and licensure to provide physical therapy services to the public. Unqualified and unlicensed individuals should not function in this capacity for obvious reasons of quality, safety, and proper utilization. Physical therapists are responsible for cost effective, high quality, and appropriate care in other parts of the Medicare program due to the intensity of our education programs (Master's level and by 2005 the majority of PT programs will be offering doctoral level degrees, the DPT), and many years of meeting intense Medicare rules for other settings. These rules and regulations are no small matter, and require that the PT assure that the patient qualifies for the services, has an appropriate plan of care, goals, and the rehabilitation potential is identified. Also this must be properly documented throughout the episode of care, including knowing when to discontinue care of the patient. A person not trained in physical therapy is unlikely to meet the rigors of this level of knowledge and documentation, and can contribute to over-utilization in the Medicare program, and may provide useless or harmful treatment for the patient.

In my experience, unqualified personnel working in a physician's office typically provide "unsupervised modalities" such as hot/cold packs, unattended electrical stimulation, and massage. This is repeated over and over again until usually a month goes by and the physician sees the patient. Constant attendance treatments such as therapeutic exercise, manual therapy, and neuromuscular re-education are rarely done and the individuals in these offices do not do these techniques because they do not have either the education or knowledge to perform them skillfully or safely. Often the scenario that I have encountered is the "PT mill" generating extra income. When the patient is not better and mad enough to seek a PT, then appropriate treatment is given. With the moratorium on financial limitations expiring January 1, 2005, it is incumbent on the Medicare program to study this issue and resolve it quickly.

Finally, Section 1862(a)(20) of the Social Security Act clearly requires that these services be performed with the same requirements for outpatient physical therapy services in all settings, i.e. by a qualified physical therapist.

Thank you for your time in considering my comments.

Sincerely,

Mark D. Beissel, PT, DPT, OCS, FAAOMPT

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As a Physical Therapist owning a private practice, I often see patients who were treated at physician's or chiropractic offices with use of modalities and were charged /billed under physical therapy. This is truly not a representation or work of a qualified therapist who is trained to diagnose and treat injuries by many means such as home program / exercises in gym / manual therapy techniques that are specific for the injury / and use of modalities only as needed. It is possible that many physician's and chiropractic offices use the name of physical therapy to add to their bottom line (financial gain) and patient's health and care may suffer. There are physicians who are starting to have physical therapy inside their offices for this particular reason. Thank you for understanding and your attention to this important issue and to put a stop on "money before patients health".

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

OTHER - INCIDENT TO

Over the past 15-20 years, under the leadership of the APTA, Physical Therapy has evolved into a medical profession with a strong emphasis on the highest quality of care. In the past, physical therapists were often perceived as technicians performing modalities determined by a physician. The profession is moving towards a position of autonomy based on our ability to evaluate patients and situations to determine appropriate treatments and potential "red flags" indicating the need for medical interventions.

Our current position and goals for the future are predicated on the fact that PTs are highly qualified medical professionals. All current PTs graduate with at least a Masters degree and the APTA has set a goal of that being a Doctorate by 2010. This level of education, dedication, and clinical training allows one to be a Physical Therapist. Anyone else proposing or advertising to provide "physical therapy" is not justified.

It's our objective as a profession to ensure that patients receive the highest quality of physical therapy in each of our communities. Unqualified providers demean our profession and unfairly bill CMS.

As the level of education and quality of PTs improves, so does our ability to diagnose and treat our patients for their exact disorder or disability. Each patient is different and their situation is constantly evolving. PTs are taught to re-assess their patients at each treatment session and treat them appropriately. All of this leads to increased specificity of treatment and shorter treatment terms. Unqualified providers have no such concern.

PTs are held to the APTA's strict Code of Ethics. The Code addresses such topics as fees, overutilization, ethical practice in managed care, and referral relationships. It provides a moral compass and a conscience to the profession as a whole.

Non-PTs providing "physical therapy" may or may not have any training in the field that they are dabbling. They have no standards to uphold. This all leads to potentially putting patients at risk and wasting the resources of CMS and other third-party payers.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am a 63 year old physical therapist who has been practicing for 42 years. I am currently enrolled in the Doctor of Physical Therapy at Boston University and will graduate May 2005. I have literally committed my life to physical therapy.

In a time when physical therapy is advancing quickly in its commitment to evidence based practice and advanced entry level requirements, it is imperative that each patient can be confident in the Medicare system's requirements for practice, that they will receive the highest level of professional care when they receive physical therapy. They should not receive care from someone who is not educated as a physical therapist.

Medicare must protect our citizen's rights to professional care in all areas of medical care including physical therapy.

Submitter : Benjamin Atkinson Date & Time: 08/16/2004 01:08:48

Organization : CNA Insurance

Category : Private Industry

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

Restricting outpatient rehabilitative services to physical therapists, occupational therapists, physical/occupational therapy assistants and speech/language pathologists, excludes a group of professionals that provide outpatient rehabilitation with effective, efficacious and often superior results. Certified Athletic Trainers (ATC) provide excellent rehab services in a variety of settings: industrial, hospital, clinic and athletic.

I have developed successful programs that involve physical medicine physicians (physiatrists) and athletic trainers. The ATC not only understands the physical medicine modalities, but I believe the ATC understands motivation better than other rehabilitative professions. Our positive results with the ATC has motivated our expanded use of their services to help contain medical costs.

While the programs I manage do not fall under Medicare, health care efficiency, nationwide, could be adversely impacted by a precedent founded on arbitrary limitations to the ATC profession. In light of the present cost-containment difficulties, shared by all payer systems, limiting a group of very effective and very efficient mid-level providers seems counterintuitive.

I believe the rule changes in this proposal will retard health care innovation in the field of physical medicine. I speculate that the professional organizations with interests in this ruling will weigh-in heavily on both sides. As a third-party payer, I am primarily interested in efficacy and efficiency. I have obtained good results from physical therapists, occupational therapists and certified athletic trainers. I need as many talented providers as I can find. Please reconsider this proposal, in light of provider skills and patient needs.

Respectfully submitted,

Benjamin Atkinson
Workers Compensation Director
CNA Insurance

CMS-1429-P-183-Attach-1.doc

CMS-1429-P-183-Attach-2.doc

C !

Benjamin Atkinson

*Workers Compensation Director
CNA Insurance
Chicago, IL 60685*

Telephone 312-822-6407

Facsimile 312-817-1571

Internet benjamin.atkinson@cna.com

August 16, 2004

To: Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Therapy--Incident To

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C !

Benjamin Atkinson

*Workers Compensation Director
CNA Insurance
Chicago, IL 60685*

Telephone 312-822-6407

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Internet benjamin.atkinson@cna.com

August 16, 2004

To: Centers for Medicare & Medicaid Services
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Attention: CMS-1429-P
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therapists and certified athletic trainers. I need as many talented providers as I can find. Please reconsider this proposal, in light of provider skills and patient needs.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As a National Board Certified and State Licensed Practitioner, I have some real concerns about issues incident to therapy under the regulations being proposed.

The intent to restrict fair practice of a profession I have invested over 30 years into is alarming! It would be catastrophic for the public to be deprived of the expertise that the profession of Athletic Training provides.

This profession is unique in its approach and provides a service unlike any other professions available. Through research individuals would discover that the philosophy of treating the patient beyond the goal of 'Activities of Daily Living' is not a new concept for an athletic trainer. (Although this is a relatively new concept in other disciplines of medicine.)

The inherent right for the physician and the public to choose the best course of health care has been an extremely important if not crucial to 'cutting edge' practice. To eliminate this valuable asset from the physician's practice will diminish his/her's ability to provide the best medical care possible as well as deny the public's freedom of choice.

I would beg you to re-examine the rationale for restricting the public's ability to seek desired healthcare. Continue to evaluate the practices of today and forge ahead on developing creative ways to provide the best medical care to the most people possible. But DO NOT severely handicap the public by supporting changes as they are proposed in this document.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

I would like to recommend that CMS not allow Physician Offices provide Physical Therapy services. In the past the state of Missouri has seen fraudulent utilization of PT by Doctors when their office provided services.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

August 16, 2004

Centers for Medicare & Medicaid Services
 Department of Health and Human Services
 Attention: CMS-1429-P
 P.O. Box 8012
 Baltimore, MD 21244-8012

Re: Therapy ? Incident To

To Whom It May Concern:

I am writing to express my concern over the recent proposal that would limit providers of ?incident to? services in physician offices and clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. In turn, it would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service and place an undue burden on the health care system.

During the decision-making process, please consider the following:

? ?Incident to? has, since the inception of the Medicare program in 1965, been utilized by physicians to allow others, under the direct supervision of the physician, to provide services as an adjunct to the physician?s professional services. A physician has the right to delegate the care of his or her patients to trained individuals (including certified athletic trainers) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician?s choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient. In my 27 years as an Athletic Trainer, I have treated many student-athletes at the university I am employed by that went on to play in the NFL, MLB, NBA, and WNBA. That is a slap in the face to have you tell me I am not qualified to take care of their health care needs.

? There have never been any limitations or restrictions placed upon the physician in terms of who he or she can utilize to provide ANY ?incident to? service. Because the physician accepts legal responsibility for the individual under his or her supervision, Medicare and private payers have always relied upon the professional judgment of the physician to be able to determine who is or is not qualified to provide a particular service. It is imperative that physicians continue to make decisions in the best interests of the patients.

? In many cases, the change to ?incident to? services reimbursement would render the physician unable to provide his or her patients with comprehensive, quickly accessible health care. The patient would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient.

? This country is experiencing an increasing shortage of credentialed allied and other health care professionals, particularly in rural and outlying areas. If physicians are no longer allowed to utilize a variety of qualified health care professionals working ?incident to? the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment.

? Patients who would now be referred outside of the physician?s office would incur delays of access. In the case of rural Medicare patients, this could not only involve delays but, as mentioned above, cost the patient in time and travel expense. Delays would hinder the patient?s recovery

and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare.

? Curtailing to whom the physician can delegate ?incident to? procedures will result in physicians performing more of these routine treatments themselves. Increasing the workload of physicians, who are already too busy, will take away from the physician?s ability to provide the best possible patient care. As former student-athletes become part of an older population, they want the same level of care provided to them when they were a young student athlete. There is a comfort level that develops between the patient (student-athlete) and the athletic trainer.

? Athletic trainers are highly educated. ALL certified or licensed

Submitter : Date & Time:
Organization :
Category :

Issue Areas/Comments**Issues 20-29**

THERAPY - INCIDENT TO

I am concerned about the recent proposal that would limit providers of "incident to" services in physician offices/clinics. Since 1965 a physician has the right to delegate the care of his or her patients to trained individuals whom the physician deems knowledgeable. It is imperative that physicians continue to make decisions in the best interests of the patients.

In many cases, the change to "incident to" services would render the physician unable to provide his or her patients with comprehensive, quickly accessible health care. By forcing the patient to seek therapy services outside of the physician's office, you will cause significant inconvenience and additional expense to the patient and insurance.

This will also increase the workload of the physicians by causing them to provide many of the routine treatments themselves.

To allow only PT's, OT's, and speech therapists to provide "incident to" outpatient services would improperly provide these groups exclusive rights to Medicare reimbursement. To mandate that only these practitioners may provide "incident to" outpatient therapy in physician offices would improperly remove the states' rights to license and regulate the allied health professions deemed qualified, safe, and appropriate to provide health care services.

CMS, in proposing this change, offers no evidence that there is a problem that is in need of fixing. By all appearances, this is being done to appease the interests of a single professional group who seek to establish themselves as the sole provider of therapy services. This seems to me as an unprecedented attempt by the CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of therapy services. This country is experiencing an increasing shortage of credentialed allied and other health care professionals, particularly in rural areas like the that I live in. Any regulation that limits the ability of physicians to provide care to their patients will make a difficult situation worse.

Independent research has demonstrated the quality of services provided by certified athletic trainers is equal to the quality of services provided by physical therapist. Athletic trainers are employed by almost every U.S. post-secondary educational institution with an athletic program and every professional sport team in America to work with athletes to prevent, assess, treat, and rehabilitate injuries sustained during athletic competition.

Many of my colleagues are in Greece at this moment representing our country and caring for the USA's Olympic Team. For the CMS to even suggest that athletic trainers are unqualified to provide these services to a Medicare beneficiary who becomes injured as a result of walking in a local 5K race and goes to their local physician for treatment of that injury is outrageous and unjustified.

It is not necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care deterrent.

Submitter : Sarah Brooks Date & Time: 08/16/2004 03:08:30
Organization : Maryville College
Category : Academic

Issue Areas/Comments**Issues 20-29**

THERAPY - INCIDENT TO

I am concerned about the recent proposal that would limit providers of "incident to" services in physician offices/clinics. Since 1965 a physician has the right to delegate the care of his or her patients to trained individuals whom the physician deems knowledgeable. It is imperative that physicians continue to make decisions in the best interests of the patients.

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Many of my colleagues are in Greece at this moment representing our country and caring for the USA's Olympic Team. For the CMS to even suggest that athletic trainers are unqualified to provide these services to a Medicare beneficiary who becomes injured as a result of walking in a local 5K race and goes to their local physician for treatment of that injury is outrageous and unjustified.

It is not necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care deterrent.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I am a licensed Physical Therapist with 14 years of clinical experience. I obtained my Biology & Physical Therapy degrees from Cleveland State University in 1988 and 1990 respectively. In 2000, I obtained my certification in orthopedic manipulative therapy and I am presently attending Andrews University for my Doctor of Science in Physical Therapy (DScPT) degree with a tentative graduation date of May 2005. I have been in private practice for 11 years..

I am writing to comment on the August 5 proposed rule on "Revisions to Payment Policies Under the Physician Fee Schedule for calendar year 2005." In the proposed rule, CMS discusses establishing requirements for individuals who furnish outpatient physical therapy services in physician's offices. CMS proposes that qualifications of individuals providing physical therapy services "incident to" a physician should meet personnel qualifications for physical therapy in 42 CFR 484.4, with the exception of licensure. This means that individuals providing physical therapy must be graduates of an accredited professional physical therapist program or must meet certain grand fathering clauses or educational requirements for foreign trained physical therapists.

I strongly support the proposed personnel standards. Physical Therapists are educated at the university level. Programs now require, at minimum, a Masters degree and most schools will be offering Doctoral degrees by 2005. Throughout our programs, we obtain extensive knowledge in anatomy and physiology for the efficient evaluation and rehabilitation of patients. Under current law, Medicare patients are often treated by uneducated/unlicensed staff within physician offices, and this is absolutely dangerous! As a physical therapist, I am trained to evaluate and determine appropriate interventions for patients who are suffering with musculoskeletal and neuromuscular injuries. On a weekly basis my referrals, of which the majority are from physicians, contain procedures & modalities, which are contraindicated for the patient's condition. Furthermore, it is not unusual for my referrals to arrive with inaccurate diagnosis or without a specific diagnosis (i.e. back pain vs. L4-L5 spondylolisthesis). Unlicensed/uneducated staff are not capable of determining inaccurate diagnosis or contraindications to treatment. Furthermore, Medicare recipients deserve to be treated by licensed personnel and considering the financial challenges that Medicare is facing, I can't understand how you could reimburse for services that were rendered by uneducated staff.

In conclusion, would you please protect Medicare recipients and facilitate efficient intervention by requiring all individuals providing "physical therapy" services (including those "incident to" a physician) to meet personnel qualifications for a professional physical therapist.

Thank you for your consideration of my comments.

Sincerely,

Mike Martinez, PT, COMT

Submitter : **Dr. Robert Niklewicz PT DHSc**

Date & Time: **08/16/2004 03:08:12**

Organization : **Dr. Robert Niklewicz PT DHSc**

Category : **Physical Therapist**

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

TO: CMS

RE: Revisions to Payment Pol. Under the Phys. Fee Sch. for 2005

I wish to thank you for the proposed rules changes that specify physical therapy services 'incident to' a physician be provided by qualified Physical Therapists. Your establishment of these standards will decrease the abuse of the physical medicine codes for reimbursement of services that are often provided by non-qualified practioners.

I have been a Physical Therapist for over 28 years. During this time I have seen cases that well meaning people who may have some skills that relate to physical therapy (massage therapists, atheletic trainers, personal trainers, exercise physiologists, and nurses among them), either bill or attempt to bill for what they and their employers perceive as physical therapy services. I believe in these cases, the patient via their insurance carrier or self pay situations were not receiving the care they thought they were paying for. Often a practioner, in a health related field but not a trained physical therapist, truly believes that can treat an ailment with their one ' special techniques or approach'. The saying that 'if all you have is a hammer, then everything looks like a nail' is what often happens when a non-physical therapists tries to provide physical therapy. Physical Therapists have the educational background (Doctorate degrees by 2005 in the majority of schools) to have the right tool for the right job AND to know when to use them as well as knowing what NOT to use for a specific problem.

I was a orthopedic physician's assisant prior to becoming a Physical Therapist. Although I had the skill to suture a wound or use a suction device or even cauterize tissue, this did not make me a surgeon. Nor would it allow me to do surgical procedures, though it seems straight forward enough. Taking this analogy one step further, because I was in the surgical suite and I saw how patients receive anesthesia, should that make me qualified to be an anesthesiologist? Even with the orthopedic surgeon there teling me what to do? Of course not. Although anesthesia was understood by me and I might be able to do the mechanical part of the procedure, I should not be allowed to provide that service. Non-physical therapists 'incident to' a physician should be looked at the same way.

Yes, it could be cheaper in the short run to hire a well meaning person to do what the physician wants in that physician's office, but this poses a least an ethical problem of misrepresentation to the patient who thinks they are getting physical therapy. There is also cause to be concerned that over-utilization of services may occur when the right tool is not being used or applied correctly and appropriately. A person telling you that they 'I am sorry, I did not know that could happen' is not comforting to hear even if they are a nice well meaning person. A physical therapist has broad education that combines the needed skills to provide a wide variety of techniques safety and effciently. In the long run, if a patients' Medicare physical therapy benefit is exhausted by non-physical therapist services on their own when in reality of a qualified therapists care could have gotten the job done quicker and in essence cheaper too.

In closing, thank you again for these proposed changes. I truly believe that the public will be better served by this proactive and visionary approach to health care.

Sincerely,

Dr. Bob Niklewicz PT DHSc

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

OTHER - INCIDENT TO

I am a physical therapist who has practiced in the profession for over 20 years. I am the Director of Rehabilitation Services at a moderate sized rural hospital in northwestern Pennsylvania. Over these years, I have seen significant changes in the healthcare system in this country.

I strongly support the proposed personnel standards for Medicare 'Incident To' physical therapy services. I feel that all physical therapy provided in a physician's office incident to a physician's professional services should be provided by a physical therapist or physical therapist assistant under the supervision of a physical therapist. These individuals, physical therapists and physical therapist assistants, are the only practitioners who have the training and education to provide physical therapy services. Unqualified personnel should not be providing physical therapy services.

As healthcare has changed in this country we have to remain focused on the fact that the care we provide it for the improved health of the people. Patients go to their physician's offices for treatment of illnesses and injuries with the expectation of receiving qualified and professional care. To allow unqualified personnel to provide physical therapy services would be inappropriate and misleading, not to mention dangerous. The education and training that a physical therapist or a physical therapist receives, makes them the only individual qualified to provide physical therapy.

I strongly encourage CMS to retain the proposed rule for Therapy 'incident to' as it is written.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I have been in practice as a physical therapist for eight years. I have received a Bachelor's in PT and am pursuing my Master's degree in PT at this time with anticipated grad date of 5/05. I think it is incumbent upon our legislators and policy makers to understand that services provided by physical therapists and physical therapist assistants are highly specialized and cannot and should not be performed by uneducated and untrained individuals. The integrity and reputation of our health care system as the best in the world is not supported when physicians are allowed to employ undertrained and unlicensed personnel to perform healthcare. Additionally, I do not think it is right or ethical for physicians to then turn around and bill payors for "physical therapy" services performed by these untrained personnel. I fully support the requirement of licensed PT/PTA to provide "incident to" physical therapy services in the physician's offices. Thank You.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

GENERAL

GENERAL

The attachment included expresses my strong concern for these proposed changes.

Chris Lange, MA, ATC
Assistant Athletic Trainer
Montana State University
#1 Bobcat Circle
Bozeman, MT 59717-3380

August 16, 2004

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

RE: Therapy – Incident To

To Whom It May Concern:

This letter is to express my strong concern over the recent proposal that would limit providers of “incident to” services in physician offices and clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. Additionally, this proposal will reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with the service and place an undue burden on the health care system.

Before you follow through with your decision-making process, please consider the following points:

- “Incident to” has, since the inception of the Medicare program in 1965, has been utilized to allow others, under the direct supervision of the physician, to provide services as an adjunct to the physician’s professional services. A physician has the right to delegate the care of his or her patients to trained individuals, including certified athletic trainers, whom the physician deems knowledgeable and trained in the protocols to be administered. The physician’s choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient.
- Many limitations and restrictions have been placed upon the physician in terms of who he or she can utilize to provide any “incident to” service. Since, the physician accepts legal responsibility for the individual under his or her supervision, Medicare and private payers have always relied upon the professional judgment of the physician to be able to determine who is or is not qualified to provide particular services. That is why it is vital that physicians are allowed to continue to make decisions in the best interest of their patients!

- With these proposed changes to “incident to” services reimbursement would render the physician unable to provide his or her patients with comprehensive, quickly accessible health care. These patients could be forced to not only see the physician, but additionally seek therapy elsewhere, which would cause significant inconvenience and added expenses to the patient.
- With the increasing shortage of credentialed allied and other health care professionals, especially in rural and outlying areas also affects the physician’s patients drastically. If physicians are no longer allowed to utilize a variety of qualified health care professionals working “incident to” the physician, it is likely the patient will suffer delays in health care coverage, increasing costs and a lack of local and immediate treatment. Being employed in rural community with a limited number of health care professionals, I can personally see this as a major inconvenience for our physicians.
- With these changes patients could be referred outside the physician’s office which would incur delays in health care. If the patient was from a rural community, additional costs such as time and travel expense would also be incurred. These delays would affect the patient’s recovery or increase the recovery time, which would add to the medical expenditures of Medicare.
- By curtailing to whom the physician can delegate “incident to” procedures could result in physicians and physician assistants to perform these routine treatments themselves. We already know that these individuals already have enormous workloads and by increasing these workloads will decrease the physician’s ability to provide the best possible health care to their patients.
- Certified Athletic Trainers are highly educated. All certified athletic trainers must possess a bachelor’s or master’s degree from an accredited college or university. Required foundation courses include: human physiology, human anatomy, kinesiology/biomechanics, nutrition, acute care of injury illness, statistics and research design, and exercise physiology. In addition to these courses all certified athletic trainers take specialized courses in prevention, evaluation, treatment, rehabilitation, and management of athletic injuries. Seventy percent of certified athletic trainers have a master’s degree or higher. This great majority of practitioners who hold advanced degrees are comparable to other health care professionals, including physical therapists, occupational therapists, registered nurses, speech therapists and many other mid-level health care practitioners. Academic programs are accredited through an independent process by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) via the Joint Review Committee on educational programs in Athletic Training (JRC-AT). In addition the majority of certified athletic trainers went through athletic training programs that required 800-1500 hours of clinical experience minimum in order to sit for the certification exam, many individuals far exceed those hours and are highly qualified and have a high success rate on the certification exam.

- Only allowing physical therapists, occupational therapists, and speech and language therapists to provide “incident to” outpatient therapy services would improperly provide these groups exclusive rights to Medicare reimbursement. To mandate that only these practitioners may provide “incident to” outpatient therapy in physicians’ offices would improperly remove the states’ right to license and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services.
- CMS, in proposing this change, offers no evidence that there is a problem that is in need of solving. In fact, this action could be construed as an unprecedented attempt by CMS, as the behest of a specific type of health professional, to seek exclusively as a provider of therapy services.
- Certified athletic trainers are employed by almost every U.S. post-secondary educational institution with an athletic program and every professional sports team in America to work with athletes to prevent, assess, treat, and rehabilitate injuries sustained during athletic competition. Many certified athletic trainers treat high-profile athletes/patients, but in addition many also treat the senior population. It is insulting to our profession that the federal government does not consider us qualified to care for our senior population.

In closing, it is not necessary or an advantage for CMS to institute these proposed changes. The recommendation from CMS is detrimental to health care access.

Sincerely,

Chris Lange, MA, ATC

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

As a Certified Athletic Trainer for 40 years I have expressed my concerns, in the attached letter, about the limiting of a physician's rights of assignment of care to the Certified Athletic Trainer for those active people who seek their medical advice/treatment.

Clint Thompson, MA, ATC
4515 78th PL SW
Mukilteo, WA 98275

August 16, 2004

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Therapy – Incident To

Dear Sir/Madam:

I am writing to express my concern over the recent proposal that would limit providers of “incident to” services in physician offices and clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. In turn, it would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service and place an undue burden on the health care system.

During the decision-making process, please consider the following:

- “Incident to” has, since the inception of the Medicare program in 1965, been utilized by physicians to allow others, under the direct supervision of the physician, to provide services as an adjunct to the physician’s professional services. A physician has the right to delegate the care of his or her patients to trained individuals (including certified athletic trainers) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician’s choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient.
- There have never been ANY limitations or restrictions placed upon the physician in terms of who he or she can utilize to provide ANY “incident to” service. Because the physician accepts legal responsibility for the individual under his or her supervision, Medicare and private payers have always relied upon the professional judgment of the physician to be able to determine who is or is not qualified to provide a particular service. ***It is imperative that physicians continue to make decisions in the best interests of the patients.***
- In many cases, the change to “incident to” services reimbursement would render the physician unable to provide his or her patients with comprehensive, quickly accessible health care. The patient would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient.
- This country is experiencing an increasing shortage of credentialed allied and other health care professionals, particularly in rural and outlying areas. If physicians are no longer

allowed to utilize a variety of qualified health care professionals working “incident to” the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment.

- Patients who would now be referred outside of the physician’s office would incur delays of access. In the case of rural Medicare patients, this could not only involve delays but, as mentioned above, cost the patient in time and travel expense. Delays would hinder the patient’s recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare.
- Curtailing to whom the physician can delegate “incident to” procedures will result in physicians performing more of these routine treatments themselves. Increasing the workload of physicians, who are already too busy, will take away from the physician’s ability to provide the best possible patient care.
- Athletic trainers are highly educated. ALL certified or licensed athletic trainers ***must have a bachelor’s or master’s degree*** from an accredited college or university. Foundation courses include: human physiology, human anatomy, kinesiology/biomechanics, nutrition, acute care of injury and illness, statistics and research design, and exercise physiology. Seventy (70) percent of all athletic trainers have a master’s degree or higher. This great majority of practitioners who hold advanced degrees is comparable to other health care professionals, including physical therapists, occupational therapists, registered nurses, speech therapists and many other mid-level health care practitioners. Academic programs are accredited through an independent process by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) via the Joint Review Committee on educational programs in Athletic Training (JRC-AT).
- To allow *only* physical therapists, occupational therapists, and speech and language pathologists to provide “incident to” outpatient therapy services would improperly provide these groups exclusive rights to Medicare reimbursement. To mandate that only these practitioners may provide “incident to” outpatient therapy in physicians’ offices would improperly remove the states’ right to license and regulate the allied health care professions deemed qualified, safe and appropriate to provide health care services.
- The increasing demand of the ATC for the corporate/industrial, military and clinical settings dictates validity to the concept that the physician is best qualified to determine which provider is top suited to administer to the outpatient therapy services of their patients.
- CMS, in proposing this change, offers no evidence that there is a problem that is in need of fixing. By all appearances, this is being done to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services.
- CMS does not have the statutory authority to restrict who can and cannot provide services “incident to” a physician office visit. ***In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of therapy services.***

- Independent research has demonstrated that the quality of services provided by certified athletic trainers is equal to the quality of services provided by physical therapists.
- Athletic trainers are employed by almost every U.S. post-secondary educational institution with an athletic program and every professional sports team in America to work with athletes to **prevent, assess, treat and rehabilitate** injuries sustained during athletic competition. In addition, dozens of athletic trainers will be accompanying the U.S. Olympic Team to Athens, Greece this summer to provide these services to the top athletes from the United States. For CMS to even suggest that athletic trainers are unqualified to provide these same services to a Medicare beneficiary who becomes injured as a result of walking in a local 5K race and goes to their local physician for treatment of that injury is outrageous and unjustified.
- Indeed, since the 1965 inception of the Medicare program, I, as a Certified Athletic Trainer, have not only served the intercollegiate athlete in the traditional setting but have provided vital prevention, assessment, treatment and rehabilitation services to patients referred by many private practicing team physicians, as well as to state governors, university presidents, vice presidents, university board of directors, visiting dance troupes, and visiting dignitaries. My supervising physicians have long recognized the athletic trainer acumen in successfully administering to the above mentioned public. More than one of these physicians has indicated to me that they would prefer the Certified Athletic Trainer approach to the care of the active person to that of a Physical Therapist.
- These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept.

In summary, it is not necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent.

Sincerely,

A handwritten signature in black ink that reads "Clint Thompson". The signature is written in a cursive, slightly slanted style.

Clint Thompson, MA, ATC

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

It is very important that physical therapy services be provided by a physical therapist or physical therapist assistant under the supervision of a physical therapist. Many physical therapists are currently graduating with a doctorate degree. All physical therapists are licensed by their state to practice physical therapy. Physical therapy treatment is most effective and safe when delivered by a physical therapist or under the supervision of a physical therapist. Physical therapy is a specialty in the medical field. Physical therapists improve people's quality of life by applying the knowledge they have gained to improve a person's functional mobility. A physical therapist has the knowledge base to assess a patient's movement dysfunction and plan a treatment that will most effectively correct that dysfunction and/or decrease the patient's pain level. A person who has not completed a degree in physical therapy and who has not been licensed by their state to practice physical therapy should not be allowed to provide physical therapy services. Untrained personnel should not provide physical therapy services under the direction of a physician. Physical therapy treatment is most effective when a physical therapist and a physician work together to give the patient the greatest outcome from their treatment.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

I wish to comment on the August 5 proposed rule on 'Revisions to Payment Policies under the Physician Fee Schedule for Calendar Year 2005'.

I have been practicing Physical Therapy services for 20 years and I live the values of our profession on a daily basis. I strongly support CMS proposal in this ruling, as anyone who provides physical therapy services MUST be a graduate from an accredited school and be in possession of an active State License. Physical therapists and Physical Therapy assistants are the only practitioners who have the education and the necessary training to provide physical therapy services. Unqualified personnel, people without the adequate qualifications and/or licensure, could only jeopardize patient safety as they lack the extensive education that a PT program includes. Physical Therapists and assistants receive extensive training in anatomy, physiology, kinesiology, neurological disorders, and we have extensive knowledge in how the body works and how it can be safely rehabilitated. We also obtained extensive patient care practice as part of the required 'clinical practice settings'.

Physical Therapy goes beyond the functional exercise program that we design, it includes education and problem solving to prevent further injuries and achieve independence in a safer environment. These are very important principles that we learn to apply as physical therapists and that ultimately benefits every patient that comes in contact with our healing touch, especially the elderly population, our CMS beneficiaries, who are the ones in most need of qualified services and the highest standards of care.

In addition to the extensive education, training, obtaining the license from a board examination, we also have to maintain our qualifications and skills by ensuring that we attend at least 24 hours of continuing education, which is a requirement to maintain / renew our State license. People without proper licensing will not have the necessary requirement for education, training and/or on-going skills competencies to ensure that they are providing safe and qualified services.

I urge and support CMS to ensure that any physical therapy services furnished to patients are indeed legitimate claims offered by competent, educated, qualified and licensed physical therapists and assistants. Section 1862(a)(20) of the Social Security Act clearly defines that in order for a physician to bill 'incident to' for physical therapy services must meet the same requirements for outpatient therapy in all settings, no exception!. Thus, this services must be performed by individuals who are graduates of accredited professional physical therapy programs.

In a different note, I would like to take this opportunity to express myself regarding the 'therapy cap' that is scheduled to become effective January 1, 2006. This therapy cap will be of extreme disadvantage to our CMS beneficiaries as these people do need extensive therapy, especially after any devastating diseases and injuries. The CMS ruling for therapy services states that therapy shall be provided as far as there are functional goals and progress has been demonstrated. These services need to be provided under the supervision and guidance of a referring physician, who is required to review the plan of care at least on a monthly basis and see the patient after 60 days. I feel that these guidelines do offer the necessary guidance for any therapy utilization and justification. The therapy cap will serve as a deterrent for further training and functional gains that could only jeopardize safety, independence and quality of life for our elderly population. The cap could easily result in higher and longer hospitalizations due to falls or re-injuries because these patients did not have the necessary training due this financial limitation.

In closure, I would like to thank you for your consideration.

Sincerely,

Maritza Noguerras, RPT,MS

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

It's almost comical to see how ridiculous this docket is. Everyone wants affordable healthcare in this country, yet you want to deny Americans the right to choose the best qualified healthcare provider for themselves. There is already too much greed and stupid pride in this country, why are you adding to it? The docket alone shows your ignorance and laziness about this issue and I am truly amazed that someone - anyone - thought this was a good idea. Way to go guys, you just made the USA look that much dumber.

Submitter :

Date & Time:

08/16/2004 07:08:01

Organization :

Category :

Physical Therapist

Issue Areas/Comments**Issues 20-29**

THERAPY - INCIDENT TO

I am a physical therapist in Michigan, and have been practicing for over 8 years. I work in a large physicians' office, so the "incident to" provisions affect me directly. My facility is at maximal patient capacity, so I do not stand to gain if the new provisions are enacted.

I STRONGLY recommend that the CMS enact its proposed changes to the "incident to" provisions so that only properly qualified individuals are able to provide physical therapy services!

I see over 600 Medicare patients per year. At least once per week I hear from new patients about how they went to their doctor's office and got "physical therapy." Usually that entails the patient laying on a hot pack, getting ultrasound and a massage, and sometimes getting a photocopy of some stretches to do. When I ask the patients who was performing the "treatment", they almost always tell me it was the doctor's assistant who took their height and weight at the beginning of the initial doctor's visit. I ask about the evaluation and assessments that are done by the staff member. The reply is always: "None, the person did what the doctor told them to do." What about a gait analysis, or an interview about activities of daily living at home? "None" is the reply. Instruction in exercises that address the specific impairments the patient has? "None." Creating a detailed plan for the "physical therapy" treatment? "None." Assessing what change has occurred between sessions? "None."

For me, the most glaring limitation in the current provisions shines through when I ask these patients (who have often been going to a physician's office for months) why they are coming to see me.

"Because it didn't help," is the reply I get.

Patients are often not getting the proper physical therapy to which they are entitled. It is my feeling that the current provision standards are too lax, and are harming the health of Medicare beneficiaries.

Many physicians will state they can, and do, properly oversee the staff that is providing these "physical therapy" treatments. They will be resistant to these new guidelines, because providing their type of "physical therapy" can be a lucrative business practice for them. I believe, however, that the type of "treatment" they are providing goes against the spirit of the current guidelines. Without appropriately trained specialists, what patients are usually getting is a spa treatment. It's a spa treatment that Medicare is paying for!

Our patients deserve better, but since they are getting the treatment in their doctor's office, they usually think they have no other choice. The ability to receive treatment in their physician's office can be a great convenience for patients, but it should not come at the expense of their health.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

It is critical that physical therapy services be provided only by a licensed PT or PTA and that anything provided by another entity not be allowed to be billed as PT. This ensures the integrity of our profession and defines us clearly from other professions. This also gives the consumer the knowledge that the service that is being provided and billed as physical therapy is being done so by someone with extensive education in that field and a license to practice physical therapy. Allowing physician offices to bill for PT in the office by someone not a PT will allow physicians to keep services in house potentially for the purpose of making more money, bringing up again a possible conflict of interest. Also diluting the integrity of physical therapy and trivializing the need to be educated to provide physical therapy services. Next chiropractors will take advantage of this same rule if given the right to do so.

Physical therapy is a skilled and unique profession that helps hundreds of thousands of people each year. The public over the years has become more educated on what PT is and the benefits of what we do. They understand that physical therapy is provided by physical therapists. Please do not change this for the good of the patient and the good of our profession.

Sincerely,

Darrell Allen P.T.

Submitter : Date & Time:

Organization :

Category :

Issue Areas/Comments

Issues 20-29

THERAPY - INCIDENT TO

see attached letter

Brent Amble
Marshfield Clinic – Sports Medicine
2116 Craig Road
Eau Claire, WI 54701

August 10, 2004

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1429-P
P.O. Box 8012
Baltimore, MD 21244-8012

Re: Therapy – Incident To

Dear Sir/Madam:

I am writing to express my concern over the recent proposal that would limit providers of “incident to” services in physician offices and clinics. If adopted, this would eliminate the ability of qualified health care professionals to provide these important services. In turn, it would reduce the quality of health care for our Medicare patients and ultimately increase the costs associated with this service and place an undue burden on the health care system.

Currently, within my professional setting, I am providing quality care for Medicare patients quickly and effectively for orthopedic diagnoses. Patients are seen same day within the same office suite for rehabilitation services at cost effective prices utilizing physician supervision and “incident to” billing. It would be a travesty to eliminate this process and cause our patients more expenses because certain organizations feel the need to be the only providers.

During the decision-making process, please consider the following:

- Athletic trainers are highly educated. ALL certified or licensed athletic trainers ***must have a bachelor’s or master’s degree*** from an accredited college or university. Foundation courses include: human physiology, human anatomy, kinesiology/biomechanics, nutrition, acute care of injury and illness, statistics and research design, and exercise physiology. Seventy (70) percent of all athletic trainers have a master’s degree or higher. This great majority of practitioners who hold advanced degrees is comparable to other health care professionals, including physical therapists, occupational therapists, registered nurses, speech therapists and many other mid-level health care practitioners. Academic programs are accredited through an independent process by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) via the Joint Review Committee on educational programs in Athletic Training (JRC-AT).

- “Incident to” has, since the inception of the Medicare program in 1965, been utilized by physicians to allow others, under the direct supervision of the physician, to provide services as an adjunct to the physician’s professional services. A physician has the right to delegate the care of his or her patients to trained individuals (including certified athletic trainers) whom the physician deems knowledgeable and trained in the protocols to be administered. The physician’s choice of qualified therapy providers is inherent in the type of practice, medical subspecialty and individual patient.
- There have never been any limitations or restrictions placed upon the physician in terms of who he or she can utilize to provide ANY “incident to” service. Because the physician accepts legal responsibility for the individual under his or her supervision, Medicare and private payers have always relied upon the professional judgment of the physician to be able to determine who is or is not qualified to provide a particular service. ***It is imperative that physicians continue to make decisions in the best interests of the patients.***
- In many cases, the change to “incident to” services reimbursement would render the physician unable to provide his or her patients with comprehensive, quickly accessible health care. The patient would be forced to see the physician and separately seek therapy treatments elsewhere, causing significant inconvenience and additional expense to the patient.
- This country is experiencing an increasing shortage of credentialed allied and other health care professionals, particularly in rural and outlying areas. If physicians are no longer allowed to utilize a variety of qualified health care professionals working “incident to” the physician, it is likely the patient will suffer delays in health care, greater cost and a lack of local and immediate treatment.
- Patients who would now be referred outside of the physician’s office would incur delays of access. In the case of rural Medicare patients, this could not only involve delays but, as mentioned above, cost the patient in time and travel expense. Delays would hinder the patient’s recovery and/or increase recovery time, which would ultimately add to the medical expenditures of Medicare.
- Curtailing to whom the physician can delegate “incident to” procedures will result in physicians performing more of these routine treatments themselves. Increasing the workload of physicians, who are already too busy, will take away from the physician’s ability to provide the best possible patient care.
- To allow *only* physical therapists, occupational therapists, and speech and language pathologists to provide “incident to” outpatient therapy services would improperly provide these groups exclusive rights to Medicare reimbursement. To mandate that only these practitioners may provide “incident to” outpatient therapy in physicians’ offices would improperly remove the states’ right to license and regulate the allied health care

professions deemed qualified, safe and appropriate to provide health care services.

- CMS, in proposing this change, offers no evidence that there is a problem that is in need of fixing. By all appearances, this is being done to appease the interests of a single professional group who would seek to establish themselves as the sole provider of therapy services.
- CMS does not have the statutory authority to restrict who can and cannot provide services “incident to” a physician office visit. *In fact, this action could be construed as an unprecedented attempt by CMS, at the behest of a specific type of health professional, to seek exclusivity as a provider of therapy services.*
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- These issues may lead to more physician practices eliminating or severely limiting the number of Medicare patients they accept.

In summary, it is not necessary or advantageous for CMS to institute the changes proposed. This CMS recommendation is a health care access deterrent.

Sincerely,

Brent L Amble, M.S., L.A.T., A.T.C